

WHITE MAN'S VIEWS

Horror of Nazism Repeated in
Eugenics Course at University
Of Southern California

By TED LE BERTHON

(The views expressed in this column are those of the writer and do not necessarily express the editorial opinion of The Pittsburgh Courier.—The Editors.)

The Courier *Pittsburgh, Pa.* *Sat. 8-24-46*
RANKING high in football teams, but exceedingly low among American colleges and universities in the quality of education it dispenses, the University of Southern California has been proffering courses in eugenics, a pseudo-science that formed the basis for Adolf Hitler's philosophy of race. Eugenics is the "science" of breeding human beings, of developing "fine" stock. It is the application, in the human realm, of selective breeding techniques used by breeders of fine cattle, fine horses and fine dogs.

The textbook used at USC is "Applied Eugenics," by Paul Popenoe and Roswell Hill Johnson. In it appear the following statements:

"If eugenic values are to be safeguarded, it is essential to prevent miscegenation between whites and blacks in the United States."

"Negroes, both adults and children, have been markedly inferior to whites in vital capacity."

"The more white blood a colored person has, the better is likely to be his rating on an intelligence test."

"Many naive views are expressed about the likelihood that all mankind will eventually become homogeneous."

"Evidence for believing in substantial differences between races is based upon their relative achievement."

All the above statements are unadulterated Hitlerism.

They caused a number of Negro students who had enrolled for the eugenics course to withdraw.

THIS WAS the best thing that could have happened to the Negro students, unless it would have been to leave USC in favor of the University of California at Los Angeles (UCLA) or Loyola University. Neither of these institutions teach Popenoe's poppycock.

No book that I know of has better shown up the fallacies of eugenics than Jacobsen's "Genius," written some twenty years ago.

Going into the family histories, where available, of outstanding men in the creative arts, Dr. Jacobson showed that many were either non-Caucasians or of mixed racial strains.

But it was not the mixed blood streams that made the latter geniuses. It was that, being of mixed racial strains, they had inherited the cultural riches of both. In their music, writing or painting they had poured forth this blend. The result had been the mystery of beauty in a new, individual expression.

Certainly such great Negro scholar of antiquity as Augustine and Tertullian give the lie to the Popenoe-Johnson theory of racial inferiority. And why? Because their achievements prove that given equality of opportunity, Negroes do as well as anyone else.

Dr. Jacobson's work shows that neither race nor selective breeding ever has or ever could turn out genius. He shows the presence, in most instances, of syphilis, tuberculosis, alcoholism or insanity in the truly great and their family trees.



Mr. Le Berthon

THE DEEPER visions of the human heart make eugenics not only undesirable but forever unworkable. The new law of Christ—"for now there is neither Jew nor Greek, Scythian nor barbarian, bond nor free, but all are one in Christ Jesus"—is the leaven of an ultimate racial homogeneity. Every trend of democracy towards equal rights, responsibilities and opportunities opposes selective or "class" human breeding. The power and enigma of human love, or what King Solomon discerned to be the mysterious "way of a man with a maid," overwhelm all such considerations as family stock, race, color and economic status.

Long before Darwin's disciple, Francis Galton, an English pseudo-scientist, coined the term "eugenics," moneyed classes practiced selective breeding.

In the United States today, selective breeding among our moneyed classes developed the tightly knit financial dynasties so thoughtfully explored by Ferdinand Lundberg in his excellent "America's Sixty Families." And these families do not give us the genuises of art or true science or sanctity. They give us the corrupters of legislatures, the haters of labor unions, the exploiters of cheap labor, the fomenters of war for profits, and loathsome snobs.

The teachings of eugenics or selective breeding inculcates hatred for non-Caucasians and provides a false argument in favor of residential race restriction covenants. USC and any other educational institution teaching eugenics is continuing, in America, the horror of Nazism.

By Albert Deutsch: Doctor Debunks Myth of Negro's 'Biologic Inferiority'

Much has been written about the "biologic inferiority" of Negroes, largely based on certain health records indicating a high prevalence among them of certain diseases, particularly syphilis and tuberculosis. This medical argument for the biologic inferiority theory, accepted by many unthinking people, is soundly debunked by Dr. Paul B. Cornely, head of the department of bacteriology and public health at Howard University Medical School. Dr. Cornely presents some refreshing facts to the contrary in an article entitled, *Are Whites Healthier Than Negroes?* published in the June issue of the *Negro Digest*.

The favorable aspects of the Negro's health, as Cornely observes, are seldom publicized and the reasons for unfavorable factors are seldom noted. One of the widely-accepted myths is to the effect that tuberculosis is far more prevalent among Negroes than among whites.

"The fact that tuberculosis kills many more Negroes than whites is well known," Cornely observes. "But the fact that tuberculosis is no more prevalent in Negroes than whites has not been particularly publicized and quite often is startling to many people."

When, in 1935, an X-ray survey of Macon County, Illinois, showed that Negroes there had only a slightly higher tuberculosis rate than whites, many were inclined

to dismiss the study as insignificant. But numerous mass X-ray studies since then have backed up that finding. X-ray surveys made in Harlem in 1936-1938 showed that Negroes had proportionately less tuberculosis than whites in the area. A Baltimore study demonstrated that Negro children in tuberculous families develop TB in the same proportion as white children in similar families. A Howard University survey by Howard Payne revealed that Negro college students develop TB at the same rate as white college students.

Then why the higher TB death rate among Negroes? "Negroes," says Dr. Cornely, "die in proportionately larger numbers because of their low economic level, poor housing, poor nutrition, lack of medical facilities and lack of appreciation of the knowledge and practice of having periodic X-ray checks even though they appear to be in sound health."

Certain diseases, Cornely points out, do not seem to affect the Negro as commonly as the whites. Hookworm is a striking example. Surveys of hookworm disease conducted over a number of years by Vanderbilt University in Southern states show that in all states studied, the rate of hookworm infection is much lower among Negroes than among whites.

In Florida, for example, 34 per cent of the whites

at Memphis Hospital because of Memphis' position as one of the chief medical centers of this area, to Memphis and Mid-South Negro because of its clinical centers for physicians, with the use of the facilities of John Gaston Hospital

Only two Negro physicians in the United States have heretofore taken the course in the new most progressive steps taken in re process. They are Drs. C. R. S. Collins, of Norfolk, Va., and J. H. Roberts, of Roanoke, Va. These men took the course under Dr. Hingson's supervision when the youthful U. S. Public Health surgeon was demonstrating the technique at the Philadelphia Lym-

In Hospital, Philadelphia, Pa., two years ago. The story of how the new process of child-birth was developed Bluff has already received wide currency in national publications. Dr. Hingson and another U. S. P. H. surgeon with being pioneers in the field, Dr. Waldo B. Edwards are credited Dr. Hingson took the first step in the process in an effort to relieve the suffering of a woman patient who had been taken to the U. S. Marine Hospital at Staten Island, N. Y. The cries of pain coming from the woman who was in a room adjacent to a room of wounded Marines, was upsetting the men's morale. In order to relieve her pain and at the same time keep up the morale of the Marines, Dr. Hingson decided upon the use of a continuous injection of an anesthetic. This relieved the woman's pains and enabled her to give birth to a child without undue pain. Since then the process has been further developed, and reports increase of women's giving birth to children while reading the newspaper of otherwise diverting themselves. The method has proved consistently safe and minus dangerous after-effects.

were found to be infected with hookworm, as against only 19 per cent of the Negroes. No explanation has yet been found for this startling difference.

Other diseases apparently less common among Negroes than whites include:

- Infantile paralysis.
- Endemic typhus.
- Dental decay.
- Eye and ear defects, as tabulated in Selective Service figures.

Most surveys have shown that from five to ten times as many white children as Negro children are infected with head lice. One white investigator, baffled by these figures, suggested that perhaps the louse did not like the odor of Negroes! Quite a snoot, this lowly louse.

The Negro draft registrant showed up better than his white brother in the matter of rejection for mental and neurological diseases, and muscle and joint disturbances.

While the average life expectancy of the Negro American is only 55 years, as compared with 65 for whites, Cornely makes the significant point that it has been raised 20 years during the past half-century and may be expected to reach white levels when living conditions are equalized.

Charlottesville-Albemarle chapter of the Virginia Cancer Foundation and handles applications for admission to the clinics.

Techniques For Painless Child-birth To Be Taught Local Doctors At Gaston

BY NAT D. WILLIAMS
Since January 1, 1945, 650 Negro mothers of Memphis have learned the meaning of a new medical term... Continuous Caudal Analgesia. To them the scientific term means "painless birth." The women were treated under the new process at John Gaston Hospital, the city's 650-bed institution where 80 per cent of the patients are Negroes.

Starting July 21, and lasting through August 1st, the technique of the new process will be taught to a select group of Negro physicians, application from whom are being offered received from all over the country. They will be offered the course at John Gaston Hospital under the direction of one of the two men who first discovered the procedure, Dr. Robert A. Hingson, a member of the U. S. P. H. S. Dr. Hingson has been in Memphis since last December, and from his offices at John Gaston Hospital introduced to this part of the South the medical development which has set the world to speculating. Already more than 200,000 women scattered all over the country and various other parts of the world have experienced the treatment called Continuous Caudal analgesia. The Negro women treated at John Gas-

ton Hospital are the first members of their race in this section of the nation to receive the treatment. Uniformly successful results have been recorded. The course is considered of great significance to physicians of the entire country by Dr. H. H. Johnson, prominent local physician and president of the Bluff City Medical Society, Inc., and organization of Memphis doctors. It was through Dr. H. H. Johnson's request the two-weeks course be offered Negro physicians at John Gaston Hospital, beginning July 21st was obtained. It was learned that the course will be under the over-all supervision of Dr. Hingson, that all the University of Tennessee Medical School faculty and members of the United States Public Health Service personnel, also taking part as assistants and lecturers. It was revealed that the course is open to physicians of Memphis and elsewhere. The Veterans Administration will take care of the expenses of physicians who are war veterans. Further information may be obtained through contacting Dr. H. H. Johnson of the Bluff City Medical Society, Inc.

This post-graduate course in the technique of Continuous Caudal Analgesia for the relief of pain in childbirth has been established

Cancer Clinic For Negroes Opens at U. Va.

CHARLOTTESVILLE, Sept. 16—A cancer prevention clinic for Negro patients, first in Virginia and one of the first in the South, has been opened at the University of Virginia Hospital where it will be conducted two nights each month, on the second and fourth Thursdays.

This new cancer prevention clinic for white patients established 18 months ago as a joint project of the Albemarle County Home Demonstration Group and the Charlottesville-Albemarle chapter of the Virginia Cancer Foundation.

Complete examinations are given to applicants accepted for the clinic by Dr. William Danbridge and Dr. William E. Bray, Jr., but no treatments are given at the clinic. Patients examined and found to have suspicious conditions are advised to consult their regular physicians.

Mrs. Grace White, R. N., who is a graduate of St. Philip Hospital in Richmond, is acting as attending nurse. She is chairman of the Negro section of the Char-

A Look At The Record

In the United States, maternity care is truly a patchwork quilt. In Community A, there is a hospital, but no prenatal clinic. The mothers are dismissed with their babies from twenty-four to forty-eight hours after delivery. In Community B, there is no hospital. Most mothers are cared for by general practitioners with no access to specialists. These doctors do their best and often their best is excellent. Too frequently, however, there is needless death, injury or suffering because when abnormalities and difficulties arise there is no expert consultation available. In Community C, there is marvelous prenatal care—consultation with tuberculosis, heart and related services—but after the baby comes, the mothers are dismissed from the hospital to whatever they call home, where no household help is available. In Community D, there is no hospital, no doctor, no public health nurse.

Because of the excellent maternity care that is provided to many American mothers, the maternal death rate has fallen precipitously during the past two decades—from 8.0 per 1,000 live births in 1920 to 2.3 in 1944. This good progress is highlighted even more dramatically by the number of maternal deaths. In 1920, when the population of the birth registration states was 63,597,307, there were 1,508,374 births and 12,058 maternal deaths. In 1944, the population of the birth registration states rose to 138,083,449, with 2,794,800 births and only 6,369 maternal deaths. Thus, when the number of births doubled, the number of maternal deaths was halved.

Census Bureau figures released on May 10, 1946, indicate also another serious discrepancy. The maternal death rate for white mothers has been reduced to 1.9 per 1,000 live births. For non-white mothers, it was

and result can be nearly alike.—Maternity Center Association Briefs.

ARKANSAS TRAINING

1,000 AS MIDWIVES

Board of Health is training about 1,000 midwives in modern methods of childbirth until the doctor shortage is alleviated in the Negro section here. *Week 12-25-46*
"It is the best thing we can do to meet a pressing problem," Dr. T. T. Ross, State health officer, in an effort to meet a present-day problem in Arkansas, the State said. "We are not trying to keep

where ninety-nine per cent of all mothers were hospitalized, the maternal death rate for white mothers was 1.7 per 1,000 live births. For Negro mothers, it was 2.1. When good care is provided to Negro and white mothers alike, the evidence that Negro mothers are more prone to death in childbirth. On the contrary, in

the midwife, but with a high birth rate in the rural areas of the Negro sections and few doctors, it is our only solution until adequate doctors are available."

The instruction is given by a trained public health Negro nurse midwife and by county health nurses. The nurse midwife spends all of her time in training the midwives. Classes are organized and the midwives are trained in the simple things to do. Danger signs also are pointed out and in such emergencies they are instructed to call a doctor.

About 70 per cent of all non-white births in Arkansas are attended by midwives, Dr. Ross said. Because of inadequate doctors in the rural areas, where the largest portion of the Negro population is found, health authorities decided to train midwives in an effort to reduce the infant mortality rate.

"We hope that within a few years there will be sufficient doctors so that every woman may be attended by a physician at a childbirth," Dr. Ross said.

Patient With a Metal Skull



ERNEST DIXON,

18, of 806 S. Sharp St., who survived a rare surgery operation and is now wearing a metal plate of nearly 30 inches square in his skull. The operation was performed six weeks ago at South Baltimore General Hospital. Dixon suffered a rare disease which necessitated the replacement of his skull by the metal plate of tantalum.

Largest Plate Known Here Inserted in Youth's Head

afro - American
BALTIMORE

Although wearing a plate of rare metal nearly 30 square inches in his skull, Ernest Dixon, 18, of 806 S. Sharp St., told the AFRO on Wednesday that he felt normal and in fact better than he did two years ago.

The operation, one of the rarest listed in the annals of local surgery, was performed in South Baltimore General Hospital six weeks ago by Dr. Oliver S. Lloyd, chief surgeon of the hospital, and Dr.

Skull Eaten Away
X-rays and a careful study of the patient revealed that the fore part of Dixon's skull had been eaten away by a rare disease necessitating an operation.

A quantity of the rare metal, tantalum, was obtained from the Reciprocity Club of Baltimore and moulded into an artificial skull by Frank Sarlin, white, former metal worker of the Glenn L. Martin plant.

Largest Piece Known

Dr. Lloyd said small pieces of tantalum have often been used to replace bits of skull destroyed but never before had he heard of such a large piece being inserted.

The youth remained in the hospital three weeks and was then released. At present his hair has grown back and all that remains as a reminder of the operation is a line running across his forehead. Physicians said that this, a scar, would eventually disappear.

Middle class likes a little illness now and then — prof.

SAN FRANCISCO—People of the middle class are more subject to physical diseases with psychological complications and take longer to get over illness and operations, according to a study made public this week by a group of University of California experts led by Dr. Juergen Ruesch, research psychiatrist at the UC Medical school.

Dr. Ruesch said the study indicates that this is caused by the "Keeping up with the Joneses" attitude and the frequent need for a doctor who will serve as father-confessor. The wealthy, or upper class, he said, has many more outlets for its troubles and is less prone to seek medical advice. The lower class tends to have deficiency diseases, tuberculosis, and accidents—all associated with poor living conditions.

Thus, Dr. Ruesch's study concludes, disease is not only the result of pathological processes, but also of psychological, social, and cultural factors. Hence, medical fads, advertisements, and social economic factors are able to create ideologies which may influence the choice of disease and speed of recovery.

afro - American
BALTIMORE

Pamphlet Describes Nation's Health Status

NEW YORK—The plight of minority group people, who suffer most heavily because of discrimination, is specially emphasized in the pamphlet, "Your Health—America's Wealth," which explains the Wagner

Murray Dingell National Health Workers Order, the pamphlet analyzes the health situation in terms of an average American family and then presents a summary of the health needs of the people.

Atlantans Dying From Heart And Blood Ills

Atlanta Negroes are dying at a tremendous pace from diseases of the heart and blood vessels, but failure to utilize Cancer clinics pneumonia is running them a close diagnostic facilities, and 3. Of second, according to the findings of a survey by the Atlanta Health department officials and made public here recently.

The report reveals that the leading causes of death in Atlanta follow much the same pattern for the nation; that pneumonia ranks sixth in the general death rate among whites, it ranks fourth in its death toll among Atlanta Negroes; that tuberculosis, which ranks fifth among both racial groups in Atlanta as a cause of death, is two to three times higher frequency among Negroes than the wide disparity between the homicide rate for Negro and white Atlantans, is cause for deep concern and positive action; that although maternal deaths rank very low, infant death rates in Atlanta are too high; that the extreme laxity in the enforcement of the City's Ordinance against individuals possessing lethal weapons, such as knives, ice-picks, and firearms, add materially to the mounting crime wave; and that the failure of the courts in dealing out punishment to Negro murderers of Negro on the same basis as for whites, points to the urgent need and expediency for the appointment of Negro policemen to the Police Department.

DEATH CAUSE LISTED
The seven leading causes of death are: heart disease, Nephritis (kidney disease), Cerebral Hemorrhage (stroke), Cancer, Tuberculosis, Pneumonia, and Syphilis. Corrected for the Negro, who comprises one third of the population—110,497—the list reads as follows: Heart Disease, Cerebral Hemorrhage, Nephritis, Pneumonia, Tuberculosis, Cancer and Syphilis-homicide. "Cancer does not seem so prevalent among Negroes, as a cause of death," the report points out. "But we should not become too optimistic about this since much is hidden in the facts: 1. Of failure

The Negro Health Problem

There were two news items in our daily papers some time ago. One told of the large percentage of communicable disease among Negro people and the corresponding high death rate. The other reported the dearth of nurses in the General Hospital due to the lack of applicants. Of course that applied to white applicants without regard to one-fifth of our population who make up one-half of the patient population at the hospital. We wonder what the powers that be have in mind when they guard the doors of opportunity for learning against so large a part of the community as the Negro group.

In the first instance, will those who lead do more than soothe their conscience by a Negro Health Week once a year, and yet cry out that Negroes are dying faster than other people. In the second, if the City of Louisville is to make good the promise made during the administrations of Ex-Mayors Joseph D. Scholtz and Wilson W. Wyatt through Ex-Director of Health Hugh R. Leavell, it is up to Dr. John J. Phair, present Director of Health, to see that a chance to eradicate these conditions is made available through proper training opportunities to all the people.

Rev. DANIEL J. HUGHLETT, Executive Secretary, Jefferson County Sunday-school Association, Louisville. *Sat. 4-27-46*

U. S. Climate Bad for Negro

people are on a lower economic level than whites and, secondly, because the Negro in America is out of his "ethnic habitat," having been conditioned for a different environment, both biologically and climatically.

WASHINGTON—A male child at the age of one year will live for sixty-five years, but a male colored baby will live for fifty-eight years, at the same age may only look forward to living fifty-six years, the Census Bureau revealed this in the week. Charles J. Bauer, specialist in the Census Bureau, said that life tables were first to the fact that col-

Post "National Health Insurance" Washington, D.C.

It was with a reaction of intense surprise that I read the sincere and constructively intended letter of Dr. Thomas E. Mattingly in the issue of May 25. In discussing the Wagner-Murray-Dingell national health bill, Dr. Mattingly made the statement that the legislation contains elements of racial discrimination and that "the Negro patient and the Negro doctor are not guaranteed equality of insurance protection." The doctor is persuaded that the bill provides racial and geographical restrictions on the potential benefits.

While I sympathize deeply with Dr. Mattingly's concern for racial equality in our country, I am convinced that he is in complete error in ascribing discriminatory provisions to the national health bill. Careful study of all parts of the legislation has failed to reveal me a single instance of such undemocratic restriction. On the contrary, the bill is designed to assure—almost for the first time—a complete equality of opportunity in the attainment of all needed medical care.

This is accomplished in a fundamental way in the health insurance bill by breaking down the foremost barrier to adequate medical care—namely, the high cost of modern medical services—through the medium of small prepayments scaled to income. Every working man and woman in the country and their dependents, including beneficiaries of old age insurance, would be included in the program and would be afforded ready access to complete medical care from doctors, dentists and hospitals of their own choosing.

Any physician legally qualified to practice medicine in any State is free to participate in the program if he so chooses. Doctors would retain the right to accept or reject any patient. Payments for services rendered—the method to be chosen by the doctors themselves—would be guaranteed the practitioner from the National Health Fund.

As a matter of fact, the bill specifically omits any reference to membership in local AMA medical societies as requisites for participation in the program, thereby assuring freedom of choice to Negro doctors who are barred from certain organizations.

Section 122 (a) of the maternal and child health part of the Wagner-Murray-Dingell bill states that the State plan must be "available to all mothers and children in the State or locality." A similar provision is found in the section on medical care for needy persons, with a specific ban on the imposi-

sition of any residency requirements. The health insurance title of the bill constantly stresses universal eligibility of patients and the option of participation for any licensed doctor.

Truly, it is difficult to understand Dr. Mattingly's implication that "a Negro doctor delivering a Negro mother..." would not be remunerated for that professional service from the National Health Fund. Of course he would, and this ready access to needed medical care is the fundamental reason why citizens of every section of the country stand to benefit immeasurably from the provisions of the health bill.

E. R. WEINERMAN, M. D.
Washington

National Health Insurance

In the fine series of articles reported by Agnes E. Meyer, the reader is impressed by two striking facts, masterful objective reporting and a kindly determination to expose and remedy the basic causes of our Nation-wide social and economic dislocations. Apropos her article discussing the social and economic background of the Columbia, Tenn., riot, she convincingly exposes racial prejudice and discrimination as it pertains to the underprivileged Negro of the South as the basic reason for mass migration of the Southern Negro to more inviting fields of economic opportunity in the North. She concludes by saying, "If we now had the new Cabinet position, Secretary of Health, Education and Security, which President Truman has just recommended, we could make the speedy social progress which the revolutionary mood of the country makes essential."

This sensible conclusion is part expressive of the broader editorial policy of The Post which has repeatedly affirmed the principle that "the health of its people is direct concern of the Nation." In the interests of what it believes to be a sound integrated program for improving the health of the Nation, The Post in principle has approved the objectives of the Administration's Wagner-Murray-Dingell national health insurance bill.

It is quite apparent that whatever this bill's merits or controversial need, there is little immediate prospect of it becoming law. Very definitely this means that all who agree in principle with the humanitarian ends such legislation is purported to achieve should strive to remedy those basic defects which will aggravate the very social and economic discriminations and dislocations which Mrs. Meyer has exposed in her fine series of articles.

Basically, Mrs. Meyer pleads that nationally we provide, as a matter

PHILADELPHIAN DONATES \$5,000 FOR NEGRO USE

Durham, June 15.—(P)—Praising the program of North Carolina as a model of race relations, Joseph Newton Pew, Jr., industrialist of Philadelphia, made a gift of \$5,000 for equipment to be used in the health education program of the North Carolina College for Negroes, it was announced today by Dr. James E. Shepard, president.

Shepard also announced that the General Education Board has granted \$7,700 toward the public health program and has extended its gift of \$20,000 for an infirmary until 1947, provided suitable buildings are erected and in addition, has awarded several scholarships to students in the public health school for the school year 1946-47.

of inalienable right, equality of economic opportunity without any discrimination whatsoever, this equality to extend to the fields of health, education and social security and welfare.

Under the Administration's National Health Insurance bill in its present form, the Negro patient and the Negro doctor is not guaranteed equality of insurance protection or equal economic benefits for professional services rendered. If that insurance were truly national in character it would mean that at nationally uniform sub-scriber rates a nationally uniform indemnity in liquidating a given risk would be guaranteed by the Federal Government without regard to race, age limitations, economic classification or geographical location of the beneficiary. Real national insurance indemnifies a risk when and if it arises. The amount of indemnity is mathematically determined by actuarial experience tables and it is not devalued or inflated by reason of the fact that the beneficiary is an underprivileged person in an underprivileged community.

In other words, if this were truly national insurance, on payment of a prescribed premium determined by a national actuarial experience, an underprivileged beneficiary, regardless of his race or geographical location, would be entitled to certain minimal insurance coverage when and if certain contingencies arose. Under an equitable national health insurance plan a Negro doctor delivering an underprivileged Negro mother, whether in Georgia or New York City, would receive a minimal remuneration for that professional service from the national social security fund. Furthermore, if that insurance were truly national and nondiscriminating in character, that underprivileged Negro mother would know that when and if she became pregnant her prenatal care, her hospitalization and her postnatal care were subsidized

and guaranteed by the national insurance fund, permitting her both the doctor and hospital of her free choice.

This writer defies any intellectually honest person to study the present health program and say that it is nondiscriminating national health insurance. It is the same old program of the strong getting theirs and the underprivileged left to the cynical mercies of legislators to apportion an unpredictable pittance for their greater pitiful need. It is to be hoped that proper cognizance will be taken of the tragic dangers of discrimination against underprivileged groups which Mrs. Meyer has so courageously exposed and that we use our collective ingenuity and resources to eliminate these dangers from our urgently needed national health program.

THOMAS E. MATTINGLY, M. D.
Washington

Now it's we'uns who're superior, it says here

CHICAGO — "The Negro has survived in America because of his superior physical make-up" in the opinion of Dr. Paul Cornely, public health head of Howard university's medical school.

Writing in the June issue of the Negro Digest, Dr. Cornely cites records of the Selective Service and various private and public health bureaus to prove his contention that Negro health in many ways is better than white.

In direct proportion to the number of selectees examined, Selective Service rejection rates showed according to Dr. Cornely, that:

Tuberculosis in whites was twice that found in Negroes.

Substandard teeth in whites were four times that of Negroes.

Poor vision among Negroes was 1/2 that of whites.

Ear defects in Negroes were only 1/8 that of whites.

Public and private health bureau records indicate:

Hookworm infection in Negroes is 1/2 that of whites.

Negro children suffer less than whites from infantile paralysis.

Endemic typhus is less common among Negroes than whites.

5 to 10 times many more white children have head lice than do Negro children.

Living Today

By ARLIE B. DAVIDSON

DARK SPOTS IN SOUTHERN HEALTH

Mr. Leland E. Tate, of The Farm Foundation, summarizes some of the unfavorable aspects of the health situation in the South which ought to be publicized widely and something done about them.

In 1940, the 13 Southern States from Virginia through Texas ranked 26th to 48th among all states relative to the ratio of physicians and surgeons, with Alabama, South Carolina, and Mississippi at the bottom. These states had an average of nine doctors to 10,000 people; whereas, the other states had an average of fifteen. A similar situation is found with reference to the dentists and nurses in the Southern States.

In 1940, the Southern States ranked from 22nd to 48th among all states relative to the ratio of general hospital beds to population, with Kentucky, Arkansas, and Mississippi at the bottom. In the South, there were 2.2 general hospital beds per 1,000 people; in the other states the average was 3.9 beds.

From February to August, 1943, the rejections for draftees examined in the South was 49.6 per cent; for other areas of the nation rejections totaled 35.6 per cent.

In 1942, the Southern States ranked from 21st to 47th among all states relative to tuberculosis death rates, with Tennessee and Kentucky having the worst record in the list.

In 1940, the Southern States ranked from 28th to 47th among all states relative to infant mortality, with Louisiana, Georgia, and South Carolina near the bottom, next to Arizona and New Mexico, which ranked 46th and 48th respectively.

In 1940, over 50 per cent of Negro live births were not attended by a physician in nine Southern States; and, the per cent in South Carolina and Mississippi was over 75.

Negro Youth Is Health Specimen

Arnett King, Jr., 4 year old negro boy of Quitman, is setting some kind of health record. He weighs 73 1-2 pounds and wears size 12 clothes. He visited the Free Press yesterday and was eating a large bag of pop corn to keep up his strength. His family says he eats from 7 o'clock in the morning until he goes to bed. There are three other children in the family and Arnett eats as much as all the other children put together. "He can eat a whole fried chicken at a meal anytime he can get it," explained his aunt who was with him.

Arnett weighed 12 1-2 pounds when he was born, has never been sick a day in his life and appeared to be in perfect health. They got worried about his weight last year and took him to see the doctor but the physician said he was a perfect health specimen. He eats vegetables or any other foods but does not like milk.

Due to his size he is the boss of his playmates and his family said he would fight anybody who was looking for a fight, and he packs a left hand wallop. He is a son of Melva Lee King and Arnett King who live on Forsyth street.

More Men Than Women In Kentucky Go Blind

The Courier-Journal Louisville, Ky.

Sat. 8-17-46

Men go blind more often than women in Kentucky

Blindness is greater among Negroes than whites.

There is more blindness in small and medium-sized Kentucky towns than in big cities and rural areas.

These are some of the findings of two Kentucky doctors published in the current Kentucky Medical Journal. They are Dr. Robert Sory, State Department of Welfare, Richmond, and Dr. F. W. Caudill, State epidemiologist, Louisville.

They surveyed records of 1,901 blind persons who receive money from the Welfare Department Division of Public Assistance. Almost 60 per cent were totally blind.

Trachoma Found In 84 Counties.

Syphilis results in blindness most often in the Negro, they found. Blindness from trachoma "is almost wholly a problem of the whites."

Persons blind from trachoma and receiving State aid were located in 84 of Kentucky's 120 counties. They were thickest in eight Eastern Kentucky counties.

On the basis of the survey, the blind rate for Kentucky was set at 67 per 100,000 population. The 1940 census was used in computing the ratio.

"A vast majority of the beneficiaries were beyond the aid of medical treatment," the surveyors reported. Half of 315 persons who could be helped had cataract—a clouding condition of the crystalline eye lens.

Begins In Childhood.

"Most blindness begins under 10 years," they reported. The 9-month prenatal period is most dangerous of all, they found.

They explained the high concentration of needy blind in small towns thus:

"The real reason is the tendency for blind people who live in rural areas to drift to the nearest town. There it is easier for them to find company, get around, and pick up a little income."

The highest blindness rate from trachoma prevails in Knott, Breathitt, Magoffin, Johnson, Morgan, Elliott, Rowan, and Menifee Counties.

Negro Physicians Rap Health-Insurance Bill

A protest against compulsory health insurance by 152 Chicago Negro physicians was entered yesterday at a meeting of the National Negro Medical Association's house of delegates at Central High School.

Dr. Clarence H. Payne, Chicago, speaking for the Cook County Physicians Association, presented a protest aimed at Dr. E. I. Robinson, Los Angeles, retiring president of the national association. Dr. Robinson said his organization was formed 51 years ago "because the American Medical Association refused to admit Negroes to its membership."

Oppose Bill. The Chicago group charged that Dr. Robinson was "without, due authority" in supporting the Wagner-Murray-Dingell bill. They oppose it.

Dr. Robinson, they charged, appeared before a Senate committee April 18 to support the bill. The Chicago group asked the house of delegates to repudiate Dr. Robinson's stand and, in addition, to "disapprove the Wagner-Murray-Dingell bill insofar as compulsory health insurance and the provisions pertaining to medical care under the proposed bill."

The association's 52d annual convention officially opens today at 10 a.m. at Central High School, with an address by Dr. Robinson. Some 2,000 doctors and dentists from all parts of the country are expected. Dr. J. A. C. Lattimore of Louisville will welcome the delegates.

Robinson Raps Petition.

Also demanded yesterday by the Chicago group was the punishment "by impeachment or other methods" of any officer who "publicly or privately commits the organization to policies not approved" by the house of delegates.

Quickly the house of delegates referred the Chicago petition to its judiciary committee. It is scheduled to come before the delegates Thursday or Friday.

Dr. Robinson pooh-poohed the Chicago petition. He called it an attempt "to split us wide open."

Fight Indorsement.

"Our constitution specifically authorizes the president to speak for the association between meetings. If they want to repudiate my stand that's just too bad." No convention was held in 1945 because of the war, he added.

The Chicago group pointed out that the entire medical association "has not indorsed the (Wagner-Murray-Dingell) bills, nor do we believe that such action will occur."

They called such indorsement "a grave tactical error," and said, "It would array us against our brother physicians of the American Medical Association of over 100,000 members."

Want Voluntary Plan.

Instead of federal legislation, they advocated voluntary co-operation and "inexpensive voluntary health insurance."

Dr. Robinson said his organization was formed 51 years ago "because the American Medical Association refused to admit Negroes to its membership."

He said such bills as the Wagner-Murray-Dingell bill will "help pull up the general health level of the nation." He added that "since most medical care is offered on the basis of ability to pay, the Negro citizens just don't get enough. They can't pay."

Besides Dr. Robinson's address, the fifth annual oration in surgery is scheduled by Dr. Rivers Frederick, New Orleans. Dr. T. M. Smith, Chicago, is to give the annual oration in medicine.

This afternoon's program includes panel discussions on tuberculosis, led off by Dr. Orville L. Ballard, Waverly Hills Sanatorium resident physician.

County Doctors' Group Opposed To Health Bill

Calling the National Medical Association's support of the Wagner-Murray-Dingell Public Health Insurance Bill a "grave tactical error" the Cook County Physicians announced this week that they are unanimously opposed to the bill.

They are opposed because they feel, the physicians say, in their announcement, that it is a false assumption that 40 per cent of the population is unable to afford medical care. They divide the citizenry roughly into three sections, those who can bear all costs, a middle group that can be aided by voluntary insurance and a very small indigent group who are already receiving public aid.

From the standpoint of the Negro the physicians take the negative position that because they have been the victims of injustice, negligence and racial discrimination in the past, they will be so in the future.

Contrary to the courageous stand taken by the National Medical group which feels that the Negro cannot hope to receive his just democratic dues without a factual basis in the federal laws, the physicians feel that the administration of the bill would be controlled by the whites and any real benefits would therefore be nullified just as they have been in the past.

Negro Health Week
Birmingham News Age
Designated By Green

Organizations sponsoring the observance hope to reach every Negro family in the city and county through the schools, churches and other facilities in an effort to promote good health throughout the year.

The contest will be an outstanding phase of the "open house celebration" at Slossfield Health Center.

Theme for National Negro Health Week will be "the regular and adequate use of health facilities in your community." Organizations sponsoring the observance want to encourage attendance at clinics and recreation centers throughout the year in an effort to produce healthy Negro families.

THE OBSERVANCE OF NATIONAL NEGRO Health Week March 31-April 7 again will be sponsored in Birmingham and Jefferson County by the Slossfield Health Center in cooperation with the United States Public Health Service, the Mineral District Medical Society and the Jefferson County Dental Study Club.

Cooper Green, president of the Birmingham City Commission again has issued a proclamation setting aside the week to be observed in Birmingham.

The organizations sponsoring the observance plan to reach every Negro family in Birmingham and Jefferson County through the schools, the churches and other organized groups in the effort to promote good health throughout the year.

City and county schools have been asked to take part in a poster and scrapbook contest in which prizes will be awarded the schools and individual pupils presenting the winning poster or scrapbook. The contest judges will be announced later.

The theme for this year's observance is: "The Regular and Adequate Use of Health Facilities in Your Community."

Negro Health Week Plan In Magic City Complete

Plans have been made for a elaborate and far-reaching observance in Jefferson County of National Negro Health Week.

March 31 to April 7, inclusive, according to a letter to Dr. B. F. Austin, State Health Officer, from Dr. J. W. Lewis, medical director of the Slossfield Health Center and Maternity Hospital, which, as in previous years, will sponsor this year's observance.

"This year we hope that our celebration will surpass all previous observances," Dr. Lewis wrote. "It is our intention to have quite a full program throughout the week and we plan to culminate the period with an open house at Slossfield Health Center."

Features planned for this year's observance, which is sponsored nationally by the National Negro Health Week Committee of the United States Public Health Service, include scrap book and poster contests, moving pictures on health, a community night observance, clinic displays and demonstrations, and cooperation with Negro churches, clubs and community organizations.

B: Of Concern To A

as such is of special interest to the citizens of this community. But

citizens of this community. But
 the efforts to which this observa-
 tion special attention are, of course,
 concern to all people. In a sense,
 of a community is an indivisible t
 community is no stronger than it
 members. Disease anywhere is a
 all a handicap to the whole life

all, a handicap to community life. The day Slossfield Health Center will have a "house," presenting exhibits of its work deserves the interest and support of all citizens. 4-1-46

Proclaim March
Chicago, defend

National Negro
Chicago, Ill.
WASHINGTON — Emphasizing the theme "A Healthy Home Is A Healthy Community," the U. S. Public Health Service announced Tuesday the 32nd observance of National Negro Health Week will be held March 31 to April 7.

The date was chosen to include the birthday of Booker T. Washington, April 5, who founded National Negro History Week in 1915, and sponsored the movement until his death.

Tuskegee Institute and Howard University carried on the observance until 1932 when the U. S. Public Health Service proclaimed it a year-round program for the improvement of the health of the Negro population.

Movement Aid Nation

"Any movement to stimulate better health among Negroes is helpful not only to the group itself but to the entire nation which is seeking an adequate health and medical care program for all people," Dr. Thomas Parran, Surgeon General of the U. S. Public Health Service, declared.

National Negro Health Week (March 31-April 7, 1946)

National Hygiene Association; National Negro Insurance Association; National Society for Prevention of Blindness; National Tuberculosis Association; National Urban League; Associated Negro Press; Southern Education Foundation; National Clean Up and Paint Up Campaign Bureau; and the National Congress of Colored Parents and Teachers. The Negro Organization Society of Virginia and other agencies promote the Health Week in a State-wide program.

~~Of Concern To A~~
~~Person or Group.~~

This is National Negro Health Week and as such is of special interest to the colored citizens of this community. But the extensive efforts to which this observance draws special attention are, of course, of great concern to all people. In a sense, the health of a community is an indivisible thing. The community is no stronger than its weakest members. Disease anywhere is a hazard to all, a handicap to community life. Next Sunday Slossfield Health Center will hold "open house," presenting exhibits of its work. That work deserves the interest and support of all citizens. *man 4-1-46*

health system, both of which are integral parts of the New Economic Bill of Rights which Franklin Delano Roosevelt held as the cornerstone of American democracy and security.

availability of health and medical facilities. The Negro people, particularly in the South, have fewer doctors and dentists, fewer hospital beds, and fewer public health facilities than the white population.

Both Negro and white need and would benefit by enactment of the Wagner-Murray-Dingell National Health Act, S-1606, which would go a long way in breaking down the barriers now preventing the majority of Americans from achieving and enjoying good health.

ACTION!

Negro Health Week is a time for Negro and white to join in support of the National Health Act, to sign petitions, to write to the Senate Committee on Education and Labor which begins hearings on the Bill this month.

Negro Health Week is a time to awaken the country to the need of action for a much broader social security program, embracing a national

This is
Sun 9-31-45
NEGRO
The Worker
HEALTH
New York, N.Y.
WEEK

MARCH 31 — APRIL 7

NEGRO HEALTH WEEK, sponsored by the U. S. Public Health Service, is the right time to put the public spotlight on health conditions among the Negro people.

The story that the Negro is "by nature" more subject to illness and disease, is an ugly racist myth fostered by the Bilbos and Rankins.

Negro health problems are merely sharpened expressions of the problems faced by the American community as a whole. This is the inevitable result of social and economic discrimination. ★ Pellagra

THESE FIGURES ARE SHOCKING

★ General mortality rates are thirty to forty percent higher for Negroes than for whites.

★ *The tuberculosis rate in crowded Harlem for the past ten years is four times greater than that of New York City as a whole.*

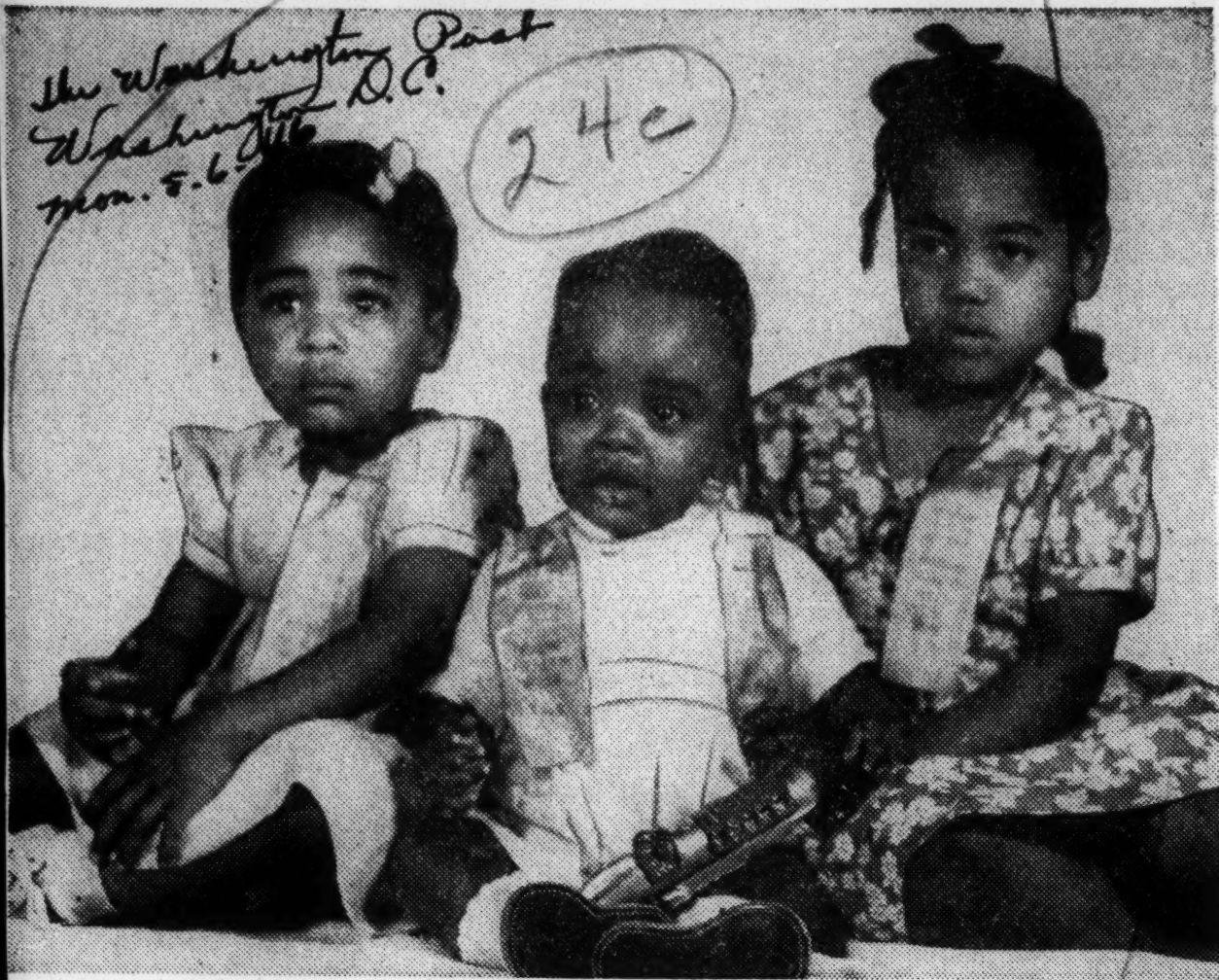
★ Infant mortality in Chicago's so-called "Black Belt" is twice as high as the rest of the city.

★ *Pneumonia and influenza take the lives of twice as many Negroes.*

THIS DISPROPORTION corresponds to the poorer housing and denial of opportunity for education and proper nutrition among Negroes arising directly out of their position as an oppressed people.

It corresponds to the differential in the

As Healthy as They Look . . .



Mon. 5-6-46

Post Staff Photo

PRIZE-WINNING BABIES—Maryland doctors yesterday selected these three babies as the most healthy in the Negro communities of Montgomery County in a contest at the Rockville Health Center as part of National Negro health week. First prize-winners in their respective age groups, they are (from left) Thelma E. Snowden, 19 months-2-year group, daughter of Mr. and Mrs. Stanley Snowden, of Rockville; Otho Murle Thompson, under 19 months, child of Mr. and Mrs. John Thompson, of Dickerson, and Ethel May Watkins, 2 years to 5 years group, daughter of Mr. and Mrs. Anslee Watkins, of Kensington

By Albert Deutsch

Are Our City Medical Societies Helping to Improve Public Health?



Albert Deutsch

New York City is one of the great medical centers of the world. It boasts a remarkable concentration of ace-high medical talent, five first-rate medical schools, and scores of good hospitals. Yet large numbers of New Yorkers, in the midst of this great medical wealth, are deprived of adequate medical attention in times of sickness. The reasons for this paradox came in for some searching analysis last night when the Physicians Forum held a symposium on organized medicine's responsibility to the people of New York. Participating were Dr. Ernst Boas, chairman of the Physicians Forum; Dr. William C. White, president of the New York County Medical Society, and Dr. Bernhard J. Stern, of Columbia University, a leading student of medical economics.

Dr. Boas, charging that the medical societies were laggard in its duties to the public, noted the "vociferous opposition" of organized medicine to such advances as workmen's compensation laws, Blue Cross plans, voluntary health insurance and group medical practice at the time of their introduction. All these developments later won reluctant approval by organized medicine, largely as a result of lay pressures.

Dr. Boas observed that he personally had been brought up on charges by the Bronx County Medical Society 20 years ago for advocating the establishment of a well-baby clinic under the Health Dept. (Such clinics, now a standard part of public health, were originally fought by organized medicine as economic competitors for patients.)

Taking cognizance of the grave shortage of nurses and other personnel in city hospitals, Dr. Boas urged the medical societies to campaign actively for better pay and working conditions for these "exploited" groups, including clinic doctors. He also criticized the medical profession for its failure to inform the community about conditions in state mental hospitals, "where patients receive little if any psychiatric treatment, poor medical care, pitiful and wretched custodial care."

"Have we given thought to the discriminatory policies that still reign, even in our municipal hospitals, as to the number of Negro doctors and nurses, for instance, employed in these tax-supported institutions?" he asked. "Have we followed through to learn what effect this discriminatory policy has on the training of our Negro colleagues, and on the type of medical care available to our fellow-citizens in Harlem? (Dr. Stern produced impressive statistics showing a disproportionate sickness and death rate in Harlem.)

Dr. Boas also pointed to the failure of organized medicine to take positive action against the "discriminatory policies of our medical schools which rigidly limit the number of Jewish, Italian and Negro students who apply for admission." He urged his colleagues to inform themselves objectively about the medical needs of this city and Nation, and ways to meet them, instead of swallowing the

American Medical Assn.'s propaganda line.

Dr. White, head of the largest local affiliate of the AMA—the New York County Medical Society—displayed a surprisingly liberal approach to the problem in his address. Among his recommendations for action by organized medicine was a plea to safeguard standards of individual practice by reform in the present system of licensing.

"A license to practice medicine in this state," he pointed out, "permits the doctor to take care of any disease or to perform any operation he may feel competent to perform."

"I feel strongly that we should try to remedy the hazards inherent in this situation. A physician should not be permitted to practice a specialty without due qualification."

Anybody familiar with the shocking "ersatz specialist" racket in present-day medicine, wherein any doctor is allowed to publicly proclaim himself an expert in this or that lucrative field by merely putting up a shingle, will say amen to Dr. White's proposal.

Dr. White praised the Physicians Forum for its interest in current social-economic aspects of medical care, and urged closer co-operation between it and the organized medical societies. It marks an encouraging gesture; let's hope it presages a liberalization of our local medical groups.

Augusta, Ga., Chronicle
Sept. 15, 1946

Negro Health Center

One of the most worthy undertakings that has come to our attention lately is the effort of the Negro citizens of the Carpentersville section, across the river, to establish a health center for their people.

Jesse Stephens, a civic-minded employee of the Citizens & Southern Bank, is the dynamo behind the movement, and is finding many people, white and colored, in South Carolina and Georgia, who are eager to give their support to the Community Charity Health Club.

The idea of establishing a health center for the Negroes in that area of South Carolina, from North Augusta to Beech Island, and embracing the territory from Clearwater to the river, originated in the minds of those heading the movement when it was learned how many Negroes were turned down for service during the war because of health deficiencies.

These leaders immediately received the encouragement of doctors and health officials in Aiken County, including Dr. J. T. Hair, director of the Aiken County Health Department, who sees in the proposed center a project which will prove greatly beneficial to the health of the people in that area. In the center, doctors and health authorities can hold clinics and treat diseases.

Jesse Stephens and his co-workers are now raising funds for the health center, the land

already having been purchased, and are calling on the citizens of both Augusta and South Carolina for assistance.

The Chronicle endorses this fine project, and hopes that everyone will be liberal in supporting it. Mr. H. Hal Hill at the Citizens and Southern Bank will receive donations from anyone who wishes to help in the establishment of the health center.

HEALTH PROGRESS IN LOUISIANA CITED

Head of State Board Declares Work of Advancement Is

on a Non-Racial Basis

By GEORGE STREATOR

Special to THE NEW YORK TIMES.

NEW ORLEANS, Nov. 26—

Health for Louisiana people was today called a community problem without regard to race, creed or color, by Dr. W. L. Treuting, president of the Louisiana State Board of Health.

He asked that attention be called to the steady progress made in this State in public health during the last ten years, and said there is "nothing spectacular about any of our progress."

He said that "where we have the means, we can improve conditions." There are "cultists" here who refuse vaccination, he said, "but you know that is not limited to Louisiana."

Dr. Treuting said that four parishes in Louisiana have taken the lead in providing for better health conditions. They are Winn, Natchitoches, Red River and Sabine.

"We need good health, but it takes money to get it," he said. "We have found out that we are able to check the ravages of disease in proportion to the number of people we can mobilize in our fight. We need State and local appropriations and a large measure of local interest. The parishes that support a full-time public health worker show more progress than those that do not."

Some of the sugar producing parishes have shown a marked improvement in health conditions, mainly because money has been spent to improve living conditions among the people who work there, he said. "But the share-cropper, whether white or Negro, is living under deplorable conditions."

Statistics gathered since the end of the war are not available in all fields, but there is evidence that the scourge of hook-worm disease has sharply declined, although there is still "plenty of infection," he said.

Tuberculosis in 1930 accounted for 127 deaths per 100,000 for Negroes and forty-nine for whites. In 1942, the Negro rate dropped to

eighty-five, and the white rate to twenty-nine. The rate for all deaths from tuberculosis today is forty-seven per 100,000.

Venereal Diseases Higher

Venereal diseases continue more prevalent among Negroes than among white persons, and the rate for syphilis is six times higher. Fifty-six cases of syphilis for every 100,000 persons was reported for Negroes against seven for whites in 1945, it was stated.

Training centers for mid-wives and pre-natal care for mothers have reduced child mortality and deaths among mothers generally. The decline among Negroes has been encouraging.

Dr. F. F. Brown, graduate of Meharry Medical College and the Harvard University School of Public Health, has been employed in the State since 1937. He reported increased interest by Negroes in public health programs.

It was stated that two-thirds of the more than 800,000 Negroes live in rural communities, or in towns of less than 10,000 population where medical care is frequently at a premium. State health centers which now reach 95 per cent of the people will correct this condition, it was said.

Maternal mortality has decreased among Negroes by nearly two-thirds since 1931. The present rate for Negro women is now only slightly higher than the estimates for white women, it was estimated.

C. C. DeJoie Jr., managing editor of The Louisiana Weekly, condemned the gross neglect of housing for Negroes. "If private capital is so interested in helping Negroes," he asked, "why are no decent real estate developments undertaken by private enterprise?" He charged that private builders are providing for white people, but Negroes in the same economic levels are neglected in New Orleans.

breakdown. Mr. Speer said that the department did not keep its records according to race, however, he was catering to Negro clientele approximately 41 per cent of them will fall figures used.

Grade C, according to Robert D. Speer, bacteriologist of the Department of Health, that will leave 49 per cent in Grade A or B, Grade B, approximately 122 will be graded in Class "C" and 178 will be graded "A" or "B."

When this reporter asked for a relating the part played by the

300 Negro Eating Houses; Only 49 Per Cent Get O. K.

BY RUTH L. CORNELIUS

Of the total number of restaurants in Atlanta, 300 are owned or operated by Negroes. October 1 was the deadline for restaurants to measure up to the

CONCERN OF DEPARTMENT

Health Department in the total health of the community, Mr. Speer said that the Department knew that Negroes wanted to eat in places where food was prepared in a clean kitchen and served by clean waitresses in a pleasant manner and that the Department was determined for the Negro restaurants to meet this requirement.

In conclusion he stated that a Negro Grade A restaurant meant just as much to society as the Grade A restaurant serving a white clientele.

The figures on Negro restaurants closely follow the pattern of the white; the ratio is practically the same.

30 DAYS TO QUALIFY

Restaurants receiving Grade "C" have 30 days to attain the standards for Grade B or Grade A; if they fail to do so they will be closed by the Department of Health.

Officials of the Department do not want to close restaurants. They are more anxious to help owners and managers to bring their establishments up to the standards and to assist in keeping them there so that all restaurants in Atlanta will fall either in Grade "A" or Grade "B."

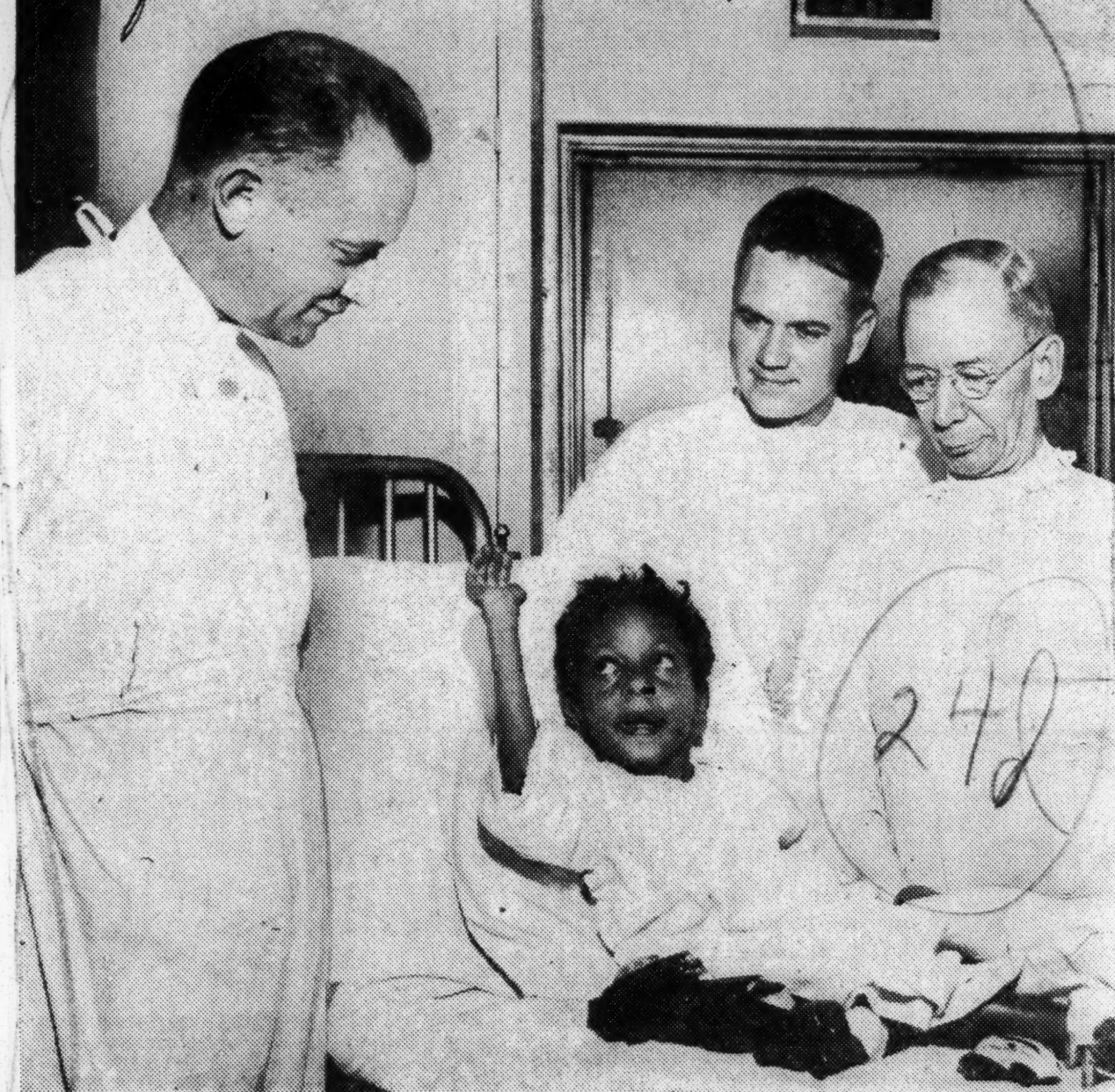
Open First Negro Cancer Clinic In Louisville Sat. 12-28-46

ST. LOUIS — The first Negro cancer clinic in the area was inaugurated formally Thursday, Dec. 19 at the Red Cross hospital, 1436 S. Shelby st.

Fully equipped with an X-ray machine and radium facilities, the clinic has been approved, Mrs. Adie M. Thomas, vice commander of the Kentucky ydivision, American Cancer society, stated. The clinic offers Negro doctors in the area their first opportunity to treat cancer clinically.

Attending the ceremonies were: Dr. P. E. Blackerby, State health commissioner; Dr. Guy Aud, regional medical director of the American Cancer society; Dr. Jess-hill Love, director of cancer clinics; Mrs. T. C. Carroll, state commander of the Cancer society and Mrs. Hal Williams commander for the third district.

Chi Surgeons Announce New "Blue Baby" Operation The Afro-American Baltimore, Md. Sat. 11-23-46



"Blue babies," whose affliction long has caused death or hopeless invalidism, have a better chance to live today, thanks to three Chicago surgeons. The three, whose work is heralded by The Journal of the American Medical Association, are shown above, left to right, with one of their patients, Richard Thomas, 7 years old, who is convalescing at Children's Memorial Hospital. They are: Drs. Willis J. Potts, Sidney Smith and Stanley Gibson. All are staff members of the hospital and Northwestern University. Their technique achieves the same result as the famous Blalock-Taussig operation for malformed hearts, perfected at Johns Hopkins Hospital in Baltimore in 1944.

'Impossible' Surgical Feat The Afro-American Baltimore, Md. on 'Blue Baby' Successful Sat. 11-23-46

CHICAGO — A new way of performing the operation to save the lives of "blue babies," previously considered impossible, was introduced here recently at the Children's Memorial Hospital of Northwestern University Medical School, when the new surgical technique worked successfully on a 21-month-old girl.

Unlike the Blalock-Taussig operation, the surgeons for the first time, tapped the body's main artery, the great abdominal aorta, which springs from the heart's left chamber and gives rise to all

the arteries of the circulatory system.

In the Blalock-Taussig method, originated at Johns Hopkins Hospital in 1944, the physicians said a lung artery is joined to either of two big arteries near the heart, the subclavian or the innominate.

Special Clamp Used

This rechanneling of blood stream forces blood into the lung artery and on through the lung. Both operations achieve the same result, physicians said.

However, physicians pointed out that the Blalock-Taussig method, using the subclavian artery sometimes results in danger of arm

circulation, and the use of the innominate artery, entails chances for an inadequate supply of blood to the brain.

In the new method of connecting directly to the aorta, surgeons had to devise a special clamp, which permits most of the blood to flow through the artery while the vessel is being sewed to the pulmonary artery.

Will Save Majority

Physicians stated that the operation would not work on all "blue babies," born with crippled hearts, but that it was a successful technique to help the majority to overcome otherwise hopeless invalidism as well as, in some cases, death.

The malformed hearts of "blue babies" cannot pump enough blood to the lungs to pick up the necessary oxygen needed by the

body. This deficiency results in blue fingernails, purple lips, bluish complexion, and sometime death.

OPENING OF THE CANCER FUND DRIVE IN TIMES SQUARE YESTERDAY



Crowd at the inaugural ceremonies

Negroes and Group Health

New Republic New York
For the first time in the history of the nation's capital, Negroes, who make up one-quarter of its population, will have the opportunity to enjoy the same comprehensive, high-quality medical care and hospital protection that 3,100 federal employees and their families have enjoyed for the past ten years through the Group Health Association. By a vote of 1,133 to 528, the members of the Group Health Association have extended a welcome to the Negroes. The motion regarding their inclusion contained the provision that no racial discrimination would be made with regard either to individual or to group admissions. It is believed that this is the first provision of its kind. *Mon 4-22-46*

Two years ago this proposal was rejected by the Group Health Association Board, partly because of fear that Negroes are not good physical risks. However, officials of Group Health have cited medical evidence to prove that susceptibility to disease is an economic rather than a racial factor. The problem now is the racial-segregation policy of Washington hospitals.

A FINE BLACK BELT CHAPTER

Montgomery Advertiser
It is heartening to read that Montgomery leaders are backing the move for a Negro center at the corner of Monroe and McDonough Streets which will contain an auditorium, clinic, rest rooms and offices for Negro agencies.

According to Dr. J. T. Alexander and Dr. J. R. Otis, leaders in the Negro Farmers Association here, the lot has already been purchased and plans are well advanced. Money of course is needed, and Negro leaders are asking help of the City, County, Farm Bureau, civic clubs, and public-spirited citizens of Montgomery. The sum of \$20,000 is asked for development of the center.

The Advertiser believes this to be a worthy project. It will provide a convenient, soundly operated center for the Negro people who live in Montgomery or visit here. This section of the South is blessed by a high type of colored citizen, and they are deserving of every encouragement in their

efforts to improve the health and recreation facilities for their people.

It is good to know that, according to Paul B. Fuller, secretary of the Chamber of Commerce, the leaders of his organization are giving hearty approval. There are indications that other groups, public and private, are ready to give a helping hand.

This spirit of racial cooperation is to the eternal credit of both white people and Negroes of the Black Belt. Against the darkest prediction by some prophets, this part of the South is writing a splendid post-war record of racial friendship.

This proposed Montgomery Negro center will be an outstanding chapter in that continuing record.

Montgomery Advertiser
Cap Brug, the newly appointed secretary of the Interior, will assume his new post on Friday, in a ceremony to be held in the Auditorium of the Department of Interior. Harlem's newest clinic, the first modern mental hygiene clinic there, was opened Friday in the heart of the slum area. It's called the Lafarge Clinic. Its organizers are Richard Wright, author of "Native Son" and "Black Boy," and Dr. Fredric Wertham, au-



Claude Hopkins and Bill Robinson dancing for coins

thor of "Dark Legend." . . . Ed Stettinius is spending most of his time in Virginia now. The Democratic leaders believe that he's measuring the U. S. Senate chair of Carter Glass. . . . Faye Emerson Roosevelt's release from her Warner Bros. contract provides that they're to have first call, if she returns to films. *Shun 3-14-46 Ala.*

Negro Health Center Planned For Country

Advertiser Montgomery Ala.
Plans for a \$20,000 Montgomery County Negro health center to be located in Montgomery were announced yesterday by officials of the Negro Farmers Association.

J. T. Alexander and J. R. Otis, association officers, said the proposed health center is to be erected at the corner of McDonough and Monroe Streets. They appeared before the Montgomery city commission to seek financial aid for the project from the city. *Wed 4-3-46*

MINISTERS FOR HEALTH PROJECT
Montgomery & Dutton, Ala.
 It is heartening to learn that the Mont-

Religious leaders in the South are aware that Good Health goes hand in hand with Good Citizenship, and that both are proper interests of men and women who try to follow the teachings of Christ.

Most white people in the South respect the Negro when he tries to help himself. As a section, we react strongly, sometimes violently, against interference from the outside. That is a rather normal human reaction. At any rate the people of Montgomery, as represented by the Ministerial Association and other civic leadership, are of a mind to help Montgomery Negroes in the building of their greatly needed Health Center. Its completion will benefit us in improved health and stouter citizenship for an important part of our population.

New York Times 4-2-48
Coins Ring on Times Square
as Bill Robinson Taps
at Noon Ceremonies

Designed by Norman Bel Geddes, the tower was erected by the Metropolitan Theatre Owners Committee. Beginning April 15 it will operate as a collection center for contributions to the campaign.

Mr. Robinson appeared first on the platform halfway up the pylon, and announced that he would dance around the square if the lunch-hour throngs who had assembled would "just rain money down in the streets." The 67-year-old performer, who is celebrating his sixtieth anniversary in show business, was wearing a dazzling gold costume, topped with a matching hat bearing white ostrich

"I feel like dancing, but you must throw me plenty of money," he declared.

To the tune of the jingle of coins hitting the pavement around his tapping feet, he danced from Forty-third to Forty-fourth Street and back again. A trio, headed by Claude Hopkins, provided a musical background, and several professional models helped gather the money into hats.

Harry Brandt, treasurer of the Metropolitan Theatre Owners Committee, served as master of ceremonies, introducing Brig. Gen. John Reed Kilpatrick, president of Madison Square Garden, and campaign chairman of the New York City Cancer Committee; as well as theatrical stars Carol Landis, Richard Conte and Orson Welles.

Dr. John C. A. Gerster, New York University professor, and chairman of the New York City Cancer Committee, spoke on the role of the lay person in cancer education at a luncheon of the Lions Club, held yesterday in the Victoria Hotel.

He emphasized the vital importance of prompt diagnosis and treatment for cancer victims, and urged all New Yorkers to contribute to the city's drive for \$1,250,000 to carry on and extend the American Cancer Society's three-point program of education, service and research.

CAN A DRUG *Pittsburgh* BE BIASED?

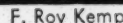
ATLANTIC CITY, N.J.—A new drug is being readied for the market. It is said to be a positive cure for malaria—the patient is white.

The drug, known to medical science as SN13273, has been tested sufficiently to prove that it will permanently clear up the worst Southwest-Pacific type vivax malaria cases in white patients.

Medical authorities say its value as a cure for malaria in Negroes, Chinese and other dark-skinned people must be further tested before it can be confidently used for their treatment. 4-23-46

Time 6-20-46
Mabel Caines Joell is a mighty mam-
mal. Every day the breasts of this vast,
friendly colored woman produce a quart
of milk for her own thriving infant and
more than another quart for Manhattan's
Mothers' Milk Bureau. Chicago, Ill.
Mrs. Joell "expresses" her milk

Mrs. Joell "expresses" her bureau milk by hand (machine milking, says the bureau, is less tiring but harder on breast tissues); in the middle of her donation she often "feels quite depleted" and stops for lunch. The bureau pays her 15¢ an oz. for her milk, or about \$44 a week—more than the attending nurses earn. Mrs. Joell's production is the envy of the bureau's other milk donors (most of whom earn about \$70 a month), and she may remain



\$44 a week.

fresh for 15 to 18 months. 6-28-46
The Mothers' Milk Bureau needs more Mrs. Joells. So do human dairies in 17 other U.S. cities. Last week, with demand far ahead of supply, the Manhattan bureau desperately canvassed hospital lists of recent mothers, urging them to sell their milk. The bureau is already drawing on its reserve stocks of frozen milk built up in more abundant times (since 1921 it has collected some 18,200 gals.).

The milk is pasteurized, sold on prescription at 35¢ an oz. (free to poor parents) for babies who are 1) premature, 2) post-operative, 3) victims of malnutrition, diarrhea or allergy to cow's milk. None can be bought by rich mothers who simply can't be bothered to nurse their normal offspring themselves. *Amie*

Dr. Miner C. Hill, chairman of the Committee on Mothers' Milk, last week credited his wet nurses with a large part of the city's drop in infantile mortality, from 71.1 to 30.4 per 1,000 births during the last 24 years. Today's growing shortage he attributes to 1) prosperity, with fewer women needing the extra income; 2) widespread indifference of doctors to the priceless virtues of mother's milk (breast feeding is discouraged in many hospitals: it means more work for the staff); 3) modern fashions in motherhood —notions that breast feeding is not only a dreadful nuisance but is somehow a little vulgar.

Sat. 7-20-46
ST. LOUIS, Mo.—A strong sup

Newspaper, Birmingham, Ala.
In many respects there has been deci

In many respects there has been decided progress in dealing with the health problems of the South. Community and state health departments are doing much excellent work. Some far-reaching new programs—such as the anti-syphilis campaign in Alabama—have recently been undertaken. The death rate in the South, higher than that of the country as a whole 15 years ago, now is lower. But obviously, despite the gains that have been made, much remains to be done before the total situation can be considered satisfactory. The doing of many things in this connection is extremely urgent. For the South continues to be held back in numerous ways by the poor health of its people.

Healthy people are essential to a healthy and progressive region. On the other hand, a healthy economy is essential to the highest standards of health. If people are sickly, poorly fed, their contribution to the well-being and progress of the community and region is accordingly limited. If a region is suffering from deep economic problems, the standard of living and of health of its people is accordingly affected. Thus health and a stronger economy must be sought simultaneously. There is no such thing, really, as dealing with the two problems separately.

The Southern Regional Council has issued a booklet, "Wanted: A Healthy South," written by Dorothy Dickens, head of home economics research, Mississippi Agricultural Experiment Station, presenting an admirable outline of the present situation. Using the South as the "patient," in an effective figure of speech, the "symptoms" are given as "malnutrition, susceptible to tuberculosis, pneumonia, nephritis, bad syphilis record"; the causes are listed as "low income, poor diet, inadequate and unsanitary housing, insufficient medical care and health education"; the "recommendations" are: "Higher standard of living, improved housing, more hospitals and physicians, better education." This skeletonized version of the situation is fully expanded in the text of the booklet.

Here is fine material for the conscientious consideration of all Southerners. The Southern Regional Council has performed another valuable service in making this booklet available to our people. Copies can be obtained at a small cost. Governments, civic organizations, colleges, churches, study groups and intelligent individual citizens would do well to make it their business to achieve a thorough grasp of the information and inspiration in this study.

porter of the Wagner-Murray-Dingell national health bill, the CIO Wholesale, Retail and Department Store Unions of this city have set an example by developing their own health program for low-income groups.

Based on the principle that



POLIO VICTIM IS SELF-SUPPORTING.—Albert Carter, polio patient who has been rehabilitated at the Tuskegee Institute Infantile Paralysis unit, will open a photographic studio in his home town, Augusta, Ga. Carter, now 13, contracted polio at the age of nine months and is a good example of a patient who has passed from the ranks of the helpless to the status of a self-supporting citizen.—ANP Photo.

Rights and Duties in a Democracy

Negroes should not hesitate to give dimes to the March of Dimes. For the National Foundation is pledged to give aid without regard to age, race, creed or color and this pledge is upheld. Some of the activities in which Negro victims participate are treatment at special clinics such as Warm Springs and Tuskegee Institute; attendance at special schools such as the Scanlon in Chicago where their education is continued; and care in rehabilitation centers such as in Cleveland, Ohio.

The Foundation is indeed generous to Negroes. It has offered scholarships to members of the race for study in physical therapy, orthopedic nursing, and public health. It has made a gift of \$7,250 to the Hubbard Hospital of Meharry Medical College for the purchase of physical therapy equipment. And it has selected Tuskegee Institute as the only unit for the exclusive treatment of Negro polio

victims. This center is maintained primarily for after-effects treatment of victims living in communities without adequate personnel and facilities for local treatment and hospitalization. During the past four years the Tuskegee center has received grants from the National Foundation and its chapters totaling more than \$800,000. Finally in many sections of the country, Negroes are officers and members of local chapters of the National Foundation for Infantile Paralysis.

Join then, everybody must, the March of Dimes in every community through schools, churches, and organizations of all kinds—all working to drive the dreadful disease from our land.

Bids Run High for Souvenirs at March-of-Dimes Ball in District

Also American
Baltimore, Md.
WASHINGTON

John Carter, of the Capital Grill, this city, bid \$60 for an autographed program, and Walter A. Archer of Philadelphia, \$32 for another, at the Roosevelt birthday ball, here, Wednesday night.

In a festive mood reminiscent of pre-war days, the gay crowd contributed heavily to the receipts which go to the fund to fight infantile paralysis. Shep Allen, who acted as master of ceremonies at the Howard and the Colonnade, where the celebrations were held, auctioned off the programs, another of which went to J. O. Morris, contractor, for \$31.

First Lady Attends

Mrs. Harry S. Truman, wife of the President, and fourteen Hollywood stars took part in the celebration at the Lincoln Colonnade.

On the previous night they made personal appearances at a midnight show at the Howard Theatre.

Funds raised from these celebrations and the "Mile O' Dimes" which will be disbursed from the National Foundation for Infantile Paralysis, Inc., New York, to institutions which include St. Mary's Hospital at St. Louis, Collins Chapter Memorial Hospital at Memphis, and Brewster Hospital at Jacksonville, Florida.

GI Takes Honors

In the midnight show at the Howard and the birthday ball at the Colonnade, a GI comedian,

Sergeant Harvey Stone, took top honors.

Other Hollywood stars who made personal appearances at both the Howard and Lincoln included Van Johnson, movie star; Alexis Smith, Warner Brothers star; Eddie Bracken, screen comedian; Diana Lynn, Paramount Pictures' actress; Gene Kelly, United States Navy.

Additional big name stars were Charles Coburn, Paul Henreid, William Bendix, Margaret O'Brien, and Cesar Romero.

Sergeant Stone, who was rated by the Army newspaper, Stars and Stripes, as the best overseas performer during 1945, completely won the audience with his gags, many of which were good-naturedly directed at Colonel Campbell C. Johnson, executive assistant to General Lewis B. Hershey, director of Selective Service.

Warming to the enthusiastic reception given them by the audience at the Colonnade, Romero expressed the sentiment of the stars when he said:

"If applause is music to an actor's ears, what you have given us tonight is a symphony."

No women fainted when Van Johnson made his appearance, but petite Erlena Chisolm spoke for the women, saying "He's a lovely thing."

Miss Margaret Truman, daughter of the president, thanked the audiences at the Howard and Colonnade for their support of such a worthy cause. Mrs. Truman waved to the crowd but did not speak.

Louis Jordan Plays

Three bands furnished music for dancing, Tiny Meeker, Ernie Fields, and Louis Jordan appearing on the bandstand in that order.

When Constance Moore sang "It Had to Be You" with Jordan's band, she turned and asked Louis to pose for a picture. The agile Jordan leaped across a small table that separated them to oblige.

Simpkins Raises Bids

The auctioneering of the program took on a bit of fanfare with prominent Washington citizenry shouting out their bids to auctioneer Allen.

Roger Simpkins was determined that no one should buy the programs cheaply and raised each bid below \$25 by five dollars.

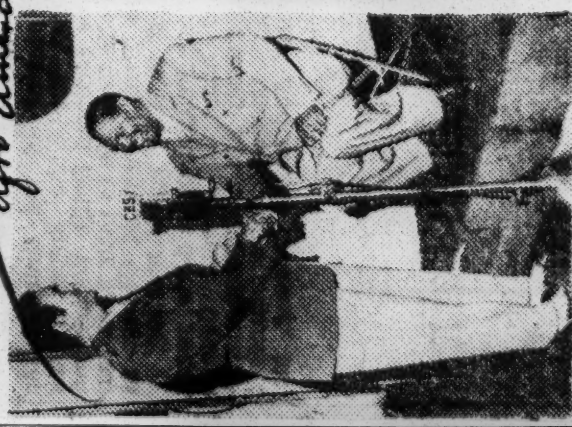
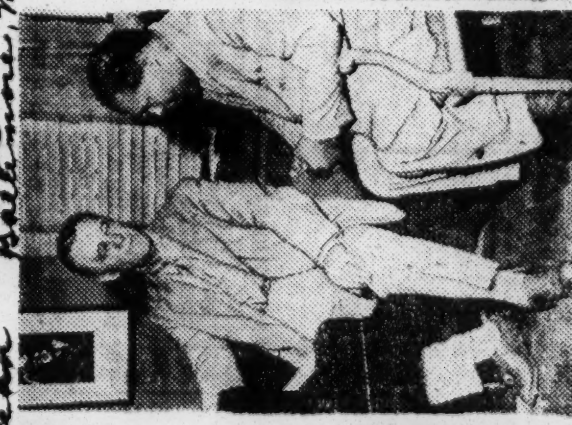
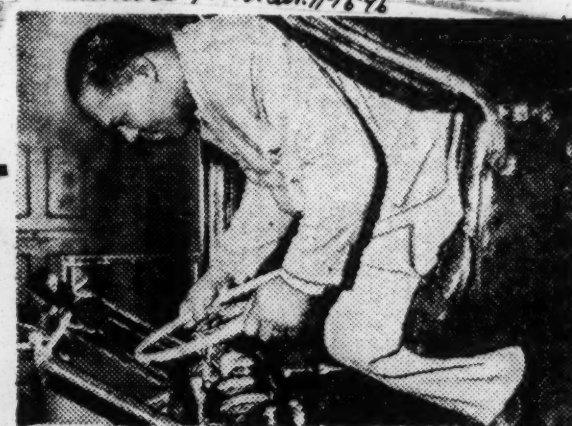
On the bidding for the third program after he had made a high bid of \$30 Simpkins had sent the money down from the balcony but before his representative could reach Mr. Allen the bid was raised

to \$82 and sold to a man near the microphone. Simpkins took the defeat good naturedly, in the spirit of the evening as the audience roared.

W. VA. STATE PREXY AIDS IN \$2,000,000 POLIO DRIVE

CHICAGO—Dr. John W. Davis, president of West Virginia State College, is serving on the executive committee of the Sister Kenny Infantile Paralysis Foundation, which will launch a \$2,000,000 drive beginning Nov. 18.

The Story of a Singer That Polio Couldn't Stop



Left to right: (1) Pruth McFarlin sits in the studio of Frank La Farge, famed vocal teacher, who heard McFarlin sing and offered to teach him free of charge. Mr. La Farge is the teacher of some of the world's greatest singers. (2) He runs through the recitative portion of "Una Fattiva La Grima" famous Mozart tenor air, while Mr. La Farge looks on waiting to begin the piano accompaniment. Because of the damage to his legs, McFarlin has to sing from the sitting position. (3) James Melton, famed Metropolitan opera tenor, heard McFarlin sing. He called the radio station and made an appointment with McFarlin. They sang for each other for nearly an hour. (4) McFarlin drives his own car. He is married, resides in New York, is a native of Florida; he finished Southern University and Rochester School of Music.

NEW YORK.—Pruth McFarlin is a victim of infantile paralysis. The late President Franklin D. Roosevelt was a victim of an attack from the same monstrous disease. McFarlin comes from a family of six-footers, but the polio had other plans for him. The malady meant to leave him helplessly crippled, dejected, a chronic griper, and utterly unfit to enjoy the people and pleasures of the world.

It partially succeeded—crippled his legs, but contrary to its usual demobilizing effect—McFarlin still walks, is married, drives a car, and does just about everything else a six-footer, the like of which he was supposed to be, can do.

Has Great Tenor Voice

But here's the real story. Pruth McFarlin has a great tenor voice, the paralysis could not stop that. Last January he gave a Times Hall recital in New York and the critics raved about him.

Frank La Farge, the famed teacher of Lily Pons, Lawrence Tibbett, Gladys Swarthout and other world famous singers, heard him and is teaching him free of charge. Mr. La Farge said, "I think Pruth McFarlin has one of the most unusual tenor voices in the world."

One Sunday morning not so long ago, James Melton, the famed Metropolitan Opera Tenor, was driving into town to rehearse for his radio program, "The Texaco Star Theatre of the Air," and accidentally tuned in on McFarlin's appearance on the CBS program, "New Voices in Song."

Lauded by Melton

He immediately instructed his chauffeur to stop at the nearest telephone booth and he called McFarlin and told him that even though he himself was a tenor, he thought McFarlin "had the finest tenor voice he had ever heard."

One of the most distinctive and attractive of McFarlin's qualities is an unaffected captivating smile. Once you have seen McFarlin smile you are forced to forget about all of his infirmities because it is then that you realize that he is not worried about them and does not want you to be.

McFarlin will meet you on equal ground. These are the qualities that helped McFarlin put himself through Southern University and the Rochester School of Music and to be constantly on the go giving concerts. (NSA).

Polio Leader Lauds Work Of Atlantans

Charles H. Bynum, director of interracial activities of the National Foundation for Infantile Paralysis, who is in the city for a meeting of the Foundation, gave high praise Monday to the work of Atlanta committee which led the Polio Fund.

The present five-day meeting at the Ansley Hotel marks the first



Mr. Chairman

Wed. 10-16-46
New York, N.Y.

heavyweight champion Joe Louis with a scroll, naming him chairman of the drive in the Harlem-Riverfront area. The campaign for funds to fight infantile paralysis will start in January.

time that a national meeting of the foundation has been held outside the city of New York.

Mr. Bynum, the lone Negro attending the meet, said that as of September 7 the nation has had more than 14,000 cases of polio during 1946. So far 1946 is the second worse year for the incidence of polio since 1916 when there were 26,000 cases.

Stressing the fact that all money spent by the Foundation comes from contributions during the March of Dimes and Polio Fund, the director disclosed that the national headquarters had spent \$2,045,000 against the spread of the disease and that local chapters have spent more than \$5,000,000 during 1946.

Members of the Atlanta Committee were J. H. Calhoun, T. H. Alexander, V. W. Hodges, J. A. Batts and C. A. Scott.

NEGRO POLIO VICTIMS

AIDED IN ALL STATES

The Times
Negro victims of infantile paralysis now receive treatment in hospitals in every State of the Union, the National Federation for Infantile Paralysis, Inc., announced yesterday. In addition, Negro hospitals have received appropriations to equip special services relating to the treatment of the disease in four States.

Irving Haim, March of Dimes chairman for Greater New York, presents

chairman of the drive in the Harlem-Riverfront area. The campaign for funds to fight infantile paralysis will start in January.

The Tuskegee Institute Infantile Paralysis Center at Tuskegee, Ala., has received for building and equipment to date \$433,236 and in addition \$200,000 has been given this year for medical care extending over next year. Other institutions located in Illinois, Tennessee, Florida and Missouri have received \$19,800.

New York, N.Y.
Fellowship and scholarship awards made to Negroes in 1946 exceeded \$60,000. Courses of training for polio emergency volunteers are open to Negro women "and in many States, upon completion of the course, they render volunteer services," it was said.

Wed. 12-18-46
The West Side Committee of the Greater New York Chapter of the National Foundation began the organization of volunteer workers yesterday to canvass residents of the West Side of Manhattan in the campaign. The quota was set by twenty-four members of the executive committee at \$100,000.

This announcement was made by Mrs. Harold O. Toor, chairman of the committee, at a meeting in the Hotel Bolivar, 230 Central Park West. The fund-raising headquarters for this subdivision of the Manhattan branch of the campaign will be at 285 Central Park West.

The Case For An All-Negro Staff at Burkeville

Norfolk, Va. 5-2-23-46

THE Virginia General Assembly should lose no time in acting favorably on the BALDWIN-MUSE resolution calling for the establishment of all-Negro staffs at the Piedmont Sanatorium at Burkeville and the State Colony for the Epileptic and Feeble-minded at Petersburg. Aside from the fact that Virginia today enjoys the dubious distinction of having one of the highest death rates from tuberculosis in the United States, being outranked in this respect only by the District of Columbia and five states, there are other aspects of the matter that deserve serious consideration.

Foremost among these is the urgent necessity for setting-up the machinery necessary for establishing at Burkeville a system for training Negro specialists who could not only treat the patients there, but who could also extend their activities throughout the state with the objective of setting up effective preventive methods among our group.

The importance of this step can hardly be over-emphasized in viewing the overall situation. When former Governor DARDEN first recommended the move two years ago, the bill was badly emasculated with the insertion of a proviso that Negroes chosen to the staffs of the two institutions must have lived in Virginia for at least five years. 5-2-23-46

Delegate BALDWIN, who comes from Norfolk, and Senator MUSE, are properly anxious to eliminate this stumbling block to what would otherwise be one of the most constructive pieces of legislation ever thrown into the Assembly hopper.

Expediency demands that some forthright action be taken in this matter without further delay. Until the Piedmont Sanatorium and the State Colony for the Epileptic and Feeble-minded are completely removed from the realm of politics and placed on a sound, business-like basis with all-Negro staffs, there is a very real possibility that instead of raising itself from a fifth-place position among the states in regard to its tuberculosis death rate, the Old Dominion may find itself still further down in the health cellar.

Harlem Mental Hygiene Clinic Drawing Support

Interracial Staff Renders Free Service

but Funds Needed to Broaden Activities

By RICHARD R. DIER

NEW YORK — The Lafargue Mental Hygiene Clinic for adults and children, which opened quietly Mar. 8 in the Parish House of St. Philip Church, 215 W. 133rd St., has begun to pay dividends in the form of satisfaction for needed work well done.

Jointly responsible for its activation and operation are Richard Wright, author of "Dark Legend," who heads the city mental clinic at Queens General Hospital, and the Rev. Shelton Hale Bishop, pastor of St. Philip Church.

For the past ten years, Dr. Wertham has been fighting unsuccessfully to get a city-operated mental clinic in Harlem, a move which has always been blocked by pressure groups.

How It Started

The Rev. Mr. Bishop told how the clinic was organized in an exclusive AFRO interview last week. He won prominence in 1944 when his parish organized a recreational service for Harlem children which helped to decrease juvenile gang war.

The clinic was founded when Dr. Wertham asked Mr. Wright whether he knew of any place where space could be secured for such a clinic. Wright mentioned St. Philip Church, a telephone call followed, and the three men — consistent crusaders against juvenile evils — conferred and planned the program.

Services Offered

The clinic treats all kinds of nervous and mental disorders and behavior difficulties of adults and children. It emphasizes practical, intensive and, when necessary, prolonged psychotherapy, rather than testing and retesting.

The diagnostic and psychotherapeutic methods employed are in accordance with the highest modern scientific standards.

"All kinds of people have already come to the clinic," the Rev. Mr. Bishop reported, "from a 14-year-old boy in the neighborhood to a 20-year-old girl in the parish."

"Consultation and prescription is the order for those needing help, with routines and recreation to be adhered to, and special emphasis is placed on behavior."

Interracial Staff

The staff of 11 interracial workers include:

Edward Dalton, Mrs. Farrow Al-

len and Miss Betty Curry, colored; and Drs. Wertham, Hilda Mosse and Augusta Jellnick, Jeanne Smith and Paula Elkish; Miss Bernice Levin, Miss Ceceilia Derene, and Anya Blauner, all white. Earl Brown and Mrs. Marian Hernandez serve on the board of directors.

The Rev. Mr. Bishop said that while everyone on the staff is giving their services free of charge, funds are needed for the work. A woman who owns a stationery store nearby offered to supply free envelopes, paper and other items.

Named for Able Cuban

The clinic takes its name and inspiration from Paul Lafargue, physician, philosopher and social reformer.

Born in Cuba of colored parentage on his father's side in 1842, Lafargue devoted his whole life to the fight against oppression, prejudice, bigotry and false science.

He was a member of the Paris City Council and of the Chamber of Deputies. More than any other scientific writer on social subjects, he gave social progress meaning in terms of human happiness. He died in 1911.

The clinic hours are from 6 to 8 p.m. on Tuesdays and Fridays. Services are available to all without referral from any public or private agency.

Wright Attacks Harlem Mental Clinic Critics

NEW YORK — Richard Wright, famous novelist, came to the defense this week of the Lafargue psychiatric clinic set up in Harlem by Dr. Frederic Wertheim that has been attacked because there are no Negroes on the staff.

Wright, author of "Native Son," now residing in Paris, says that Negroes desperately in need of mental hygiene clinics cannot wait for Negroes to be trained in the field.

There are no more than eight Negroes in the field, he says, due principally to the refusal of many medical schools to admit them as students. The whole question of race that has been raised, he contends, is out of order.

Va. Delegate Fights Negro Asylum Switch

RICHMOND, Va. — Virginians

take for granted the insane asylum near the national show spot at Williamsburg, but caustic opposition flared in the state legislature last week to a proposal to move the Petersburg Negro asylum to a site near a new Danish community.

Authorization for the plan came recently from the state hospital board, which empowered Dr. Joseph E. Barrett, state commissioner of mental hygiene, to take up with the War Assets administration the possibility of acquiring the Elko tract of more than 3,200 acres in southeastern Henrico county.

The WAA is reported ready to consider offers for the government-owned site near the army air base here.

Suddenly reversing the Southern Bourbon tactic of driving out "furriners," Henrico county delegate Joseph J. Williams became the great protector of the new Danish settlers. Voicing his opposition, Williams said:

"I am absolutely certain that the people of Henrico county will oppose this plan to the limit of guard and knocked another senseless ability, and certainly I shall make a daring escape early do so. The Elko community is today from the central state hospital, one of the finest in the entire country. A number of Danish citizens moved in their a few years ago, and they have had to go through Dr. Love said the four sprang at the hardship of having some of night guard J. A. Smith from behind their land taken by the Federal government."

"Now it would be entirely too business and then knocked out much for them to have the risk of some insane Negro roaming with a water pitcher when Huddleston came to Smith's assistance. I shall oppose this proposition vigorously, and I plan to start today talking with the people of that area to line up their opposition to it."

The white state asylum has become a landmark in the town of Williamsburg, reconstructed in Colonial form by Rockefeller funds, in recent years. Tourists from all sections of the nation and the world visit here annually in the quaint village and at the College of William and Mary, second oldest college in the country.

No breath of criticism at the asylum housing the mentally stricken has been heard. No important fear by residents of "some insane white" roaming the woods near their homes has been voiced. Apparently Delegate Williams is in possession of information about the psychiatric difference between the danger of a properly guarded

and treated mentally ill Negro/as opposed to similar danger from whites.

Negro Candidate In Nashville Hospital

Nashville, Tenn., Oct. 20 (AP) —

Aurelius S. Scott, Negro candidate for coroner of Fulton County (Atlanta) Ga., was admitted to a hospital here this morning and is under the care of a psychiatrist, officials reported.

According to Police Chief M. A. Hornsby of Atlanta, Scott was removed from the Atlanta Jail Saturday for transfer to a "mental institution" here. He had been held by police for several hours at request of members of his family and was "booked to hold on charges of disorderly conduct and demented," Hornsby said.

Scott is registered as a patient in Hubbard Hospital, a general hospital. Officials at Riverside Sanitarium here said Scott was admitted there last night, but was discharged this morning.

Four Negroes Escape State Institution

NASHVILLE, Sept. 4. (AP) — Four Negroes who choked one another and knocked another senseless today from the central state hospital for the criminally insane, Superintendent E. S. Love removed in their a few years ago, and they have had to go through Dr. Love said the four sprang at the hardship of having some of night guard J. A. Smith from behind their land taken by the Federal government."

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Night guard Smith suffered a

terday received a suggestion, that board from Lynchburg, reportment through the War Assets Administration, were reiterated in it consider moving the State colony in Campbell County person yesterday by Delegate Colony for Negroes, now at Pe The board asked him to report Joseph J. Williams, Jr., and tersburg, to a site near Lynchburgback at its next meeting with spokesmen for the Henrico Board in Campbell County instead of more details on the location. of Supervisors. Resolutions and the controversial Elko tract in Henrico County. Strong protests against moving letters of protest had been re-

H. Minor Davis, member of the Henrico County Board, member of the Federal gov. Preliminary Survey Reported No decision has been made by

The State Hospital Board yes.

Alternate Site Recommended

Campbell Tract Urged For Negro Institution

For Colony

Huddleston's head was severely bruised

the board as to what it will do about the Elko tract, which has been studied and surveyed by technical experts, and for which preliminary negotiations had been started with the WAA.

The board also heard a preliminary report on a survey of the problem of caring for feeble-minded and epileptic patients whom the State hospital system does not now have facilities to house.

The preliminary study showed that, although ostensibly Lynchburg State Colony had a waiting list of 887 persons with commitment papers on file, only 275 of these could be considered active cases. It was explained that some of the cases had been admitted on later commitment papers, some were duplicates and some had been admitted to other institutions.

Dr. Lascara Resigns

Counting feeble-minded and epileptic patients in the various State mental hospitals, the study indicated a total of 382 white persons in this category were under commitment but had not been admitted. Studies have not been made of applications for admission of Negro patients at Petersburg State Colony and Central State Hospital.

Final results of the survey will be presented at a later meeting of the board.

Yesterday's meeting also received the resignation of Dr. V. E. Lascara from the staff of Central State Hospital and approved these appointments at the same institution: S. A. Marguerat to be chief engineer; Dr. Jane B. Schieve and Dr. William T. Pyles as staff physicians. It approved the appointment of Dr. James Brooke Pettis as new superintendent of Western State Hospital.

Building Plans Authorized

The board's building committee was authorized to proceed with having complete architect's plans made for four new buildings of the group which ultimately will replace the present plant of Western State Hospital near Staunton.

It was also announced that Dr. Joseph E. Barrett, who as State commissioner of mental hygiene and hospitals is the hospital system's executive head, would attend the annual meeting of the American Hospital Association in Philadelphia October 1-3.

Two Negro Convicts Are Recaptured

SMYRNA, Tenn., Sept. 6 (AP)—Two dangerous Negro convicts who escaped from the Central State Hospital for the criminally insane outside Nashville early Wednesday were captured today amid a flurry of gunfire on the main street of this Rutherford county village.

A force of 35 to 40 state high-

way patrolmen and Davidson and Rutherford county officers made the capture at about 4:30 a.m. as the pair, Morris Ridley, 30, and John Parker, 25, walked out on the street from a hiding place under a nearby bridge.

J. J. Jackson, assistant state highway patrol division chief, said he fired about 12 shots at the fugitives when they failed to respond to his order to halt. Parker suffered a slight gunshot wound of the leg but Ridley was unhurt.

Two other Negroes, Robert Thompson, 25, and Joseph Barnes, 35, who made up the quartet which throttled one guard and slugged another senseless at the hospital to make their escape over a 12-foot wire fence, were still at large today.

Jackson quoted Ridley and Parker as saying their other companions boarded a train for Cincinnati Thursday.

The scene of the capture was only a mile from the big Smyrna Army Air Forces base.

Pair Were Armed With Knives

The captured pair were armed with knives and an ice pick, Jackson said, but offered no resistance when they were surrounded in a clump of bushes just off the street.

Ridley is a convicted slayer of a Davidson county jailer.

"We were sitting in a patrol car on the main street while others cruised around the area," Jackson said. "Patrolman M. E. Kinchum and I spotted the two coming along the street at about 4:30 a.m."

"I hollered at them to stop and they started to run. Then I emptied both guns at them—about 12 shots—while other patrolmen came to our assistance. We surrounded them in a clump of bushes and captured them."

Peace officers throughout Middle Tennessee had been on the alert since the escape in which the four disappeared early Wednesday morning after hurdling the barbed-wire topped fence at the hospital.

Late yesterday Ridley and Parker commandeered a taxi in Nashville and forced the Negro driver to drive them under threat of death out the Murfreesboro road south of Nashville.

They abandoned the cab near the Smyrna Air Base and permitted the driver to escape. State highway patrolmen, county officers and state prison officials immediately threw a dragnet around the area, establishing road blocks and using bloodhounds.

Rutherford County Deputy Sheriff Richard Martin together with Davidson county deputies headed by Sheriff Garner Robertson and Smyrna night patrolman Garcey O'Neil assisted in the capture. The pair was lodged in the Davidson county jail at Nashville.

Free Psychiatric Clinic Established in New York

The Afro-American Baltimore, Md. Sat. 8-10-46

NEW YORK—When the LaFarge Clinic opened in Harlem last March, it represented the fulfillment of a dream Dr. Frederic Wertham, nationally known New York psychiatrist, had for establishing a free psychiatric institution for all people without discrimination.

In the September issue of Magazine Digest, which is out Aug. 26, Sidney M. Katz explains how and why Jim Crow is barred from Dr. Wertham's Clinic. He says until the advent of this clinic, psychiatric treatment was unavailable to the teeming Harlem population.

Eying Frustrated Youths

For years, he says, Dr. Wertham had watched boys and girls eager for better homes and decent jobs and unable to attain them, become frustrated and all too often, end up in police stations, when a psychiatrist might have helped them.

It was from colored patients sent him at Johns Hopkins by Clarence Darrow that he learned about medical discrimination against non-white persons.

Located in the basement of St. Philip's Episcopal Church parish house, the clinic is composed of two plain rooms with exposed plumbing overhead.

Dr. Wertham explains that the project is not philanthropy or about extension of psychiatry to give to everyone without discrimination. All workers in the clinic are volunteers. Much has been done without money.

Four Escaped Negroes Are Still Free

NASHVILLE, Sept. 5 (AP)—Four "dangerous" Negroes were still at large today more than 24 hours after their daring escape from the central state hospital for the criminally insane.

The combined efforts of city, state and county authorities failed to turn up any leads on the whereabouts of the fugitives who throttled one guard and slugged another to make their get-away over a 12-foot fence from the hospital early Wednesday morning.

The Negroes were described by authorities as Morris Ridley, 30, a life-terminer, and Joseph Barnes, 35, both of Nashville; Robert Thompson, 25 and John Parker, 25, both of Memphis. Dr. O. S. Hauk, hospital superintendent, said all were considered "dangerous."

Ridley, believed to be the leader of the group, was sentenced to death for the slaying of a Davidson county jailer two years ago but was reprieved by Supreme Court decision which commuted his sentence to 99 years in prison.

Dr. Hauk said that Ridley was sent to the hospital several weeks ago for observation. Hospital officials were convinced shortly afterward that Ridley while "an unusually dangerous character," is not insane, Hauk said.

Rewards totalling \$1,250 have been offered by Governor McCord for the apprehension of the fugitives.

Negro Candidate For Coroner Taken To Mental Hospital

Atlanta, Oct. 19. (AP): A negro candidate for coroner against 23 white aspirants was held for several hours in the Atlanta jail last night at the request of relatives before being turned over to them for transfer to a private mental hospital, Police Chief M. A. Hornsby said today.

The family said a reservation had been made at a Nashville, Tenn., sanatorium for 45-year-old Aurelius S. Scott, whose entry into the Fulton country race had caused turmoil in local political circles and a prediction that he stood a good chance of becoming the first negro officeholder in the Deep South since reconstruction days.

About 20,000 Fulton county negroes are expected to vote in the general election.

A brother of the candidate, Publisher Cornelius A. Scott of The Atlanta Daily World, said he would ask vote officials to disqualify Aurelius as a candidate because "he does not meet the required two years residence in Georgia."

George M. Kirkland, one of the white candidates, had brought disqualification proceedings against Aurelius Scott, contending that he was a registered voter in Alabama less than two years ago.

"Aurelius has been a sick man for some months," Cornelius A. Scott said.

He added that his brother yesterday had agreed to go to the sanatorium but "when the time came he resisted and we had to call police."

Talmadge Uses Deutsch Case For Attack on Arnall Regime

Hartley said he had asked to talk to Deutsch before taking him to the hospital but that Deutsch had failed to meet him. Deutsch expressed chagrin that Arnall and Hartley had provided political ammunition to the Talmadge regime.

Reports of expert investigators reveal, Deutsch said, "that state institutions in Georgia were in far worse shape under the Talmadge regimes than they are now."

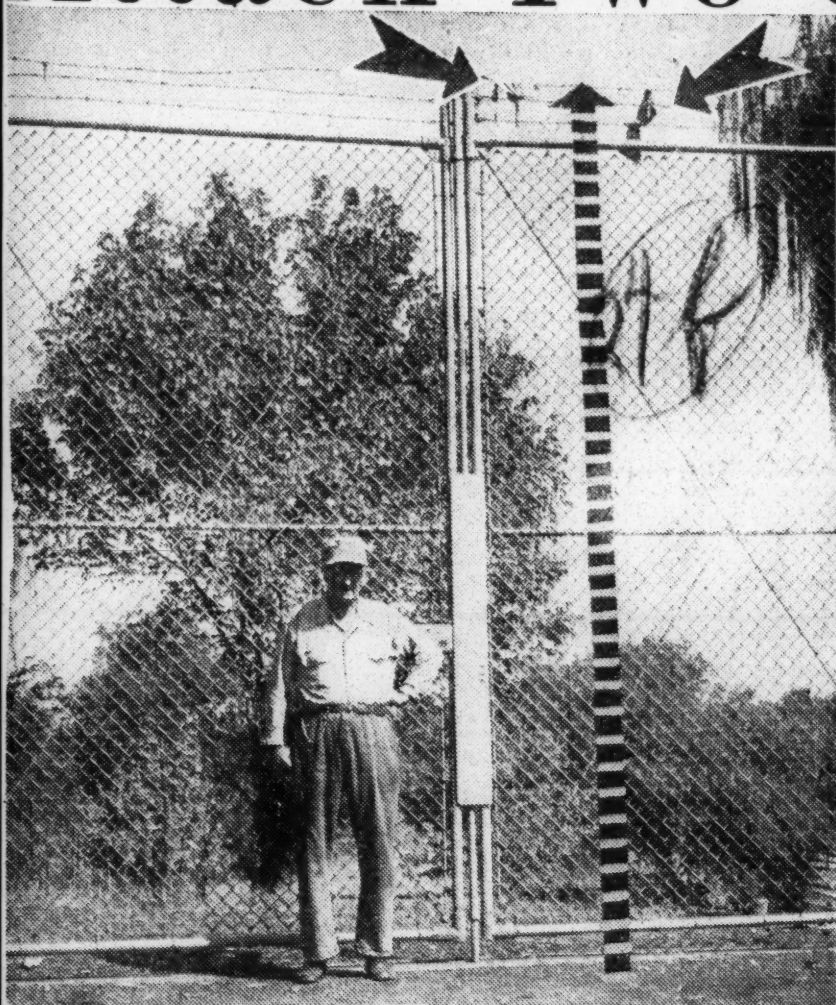
The article, headed "What Are They Hiding?" cites allegations of "cold-blooded murders of helpless inmates" this year and suggests that A. J. Hartley, State Director of Public Welfare, refused to permit the visit in an attempt to keep the alleged murders dark.

Hartley, in a dictated statement, said: "Talmadge is a liar and the truth isn't in him. The hospital has always been open to Georgia newspapermen."

Four Flee Asylum, Attack Two Guards

fense against attack by inmates is with their fists.

Immediately after the break officials of the institution notified the State Highway Patrol, the sheriff's office, and city police. Also various points over the State where it is thought the men may seek refuge were notified.



—Staff Photos by Frank Gunter.

How a quartet of Negroes scaled a 12-foot fence to escape from the criminal division of Central State Hospital is indicated (top) by the dotted line. Arrows point to parts of a shirt snagged by one of the men on the barb wire. Gateman J. C. Rogers stands near the point where the escapes got over the fence. The guards (lower picture) attacked and injured by the fleeing Negroes, are J. A. Smith (left) who was choked and dragged down a flight of stairs, and Pete Huddleston, knocked unconscious when beaten with a metal pitcher.

After choking one guard and slugging another senseless, four Negro convicts made a daring and successful getaway this morning from the Central State Hospital for the Criminally Insane on Antioch Road—under the presumed leadership of Morris Ridley, one of the two Negroes who strangled to death C. H. Polston, Sr., Davidson County jailor, in 1944.

In addition to Ridley the four were John Parker, 25, epileptic burglar, sentenced from Rutherford County, whose home is in Memphis; Joseph Barnes, 35, burglar, with a string of larceny convictions in various states behind him; and Robert Thompson, 25, also of Shelby County, convicted for assault with intent to murder.

Gov. Jim McCord today authorized a reward of \$500 for the apprehension of Morris Ridley and a reward of \$260 each for the other three escapees from the Criminally Insane Asylum.

Dr. L. S. Love, superintendent of the criminal division, said the four escaped between 2 and 2:30 o'clock this morning after choking the night guard, J. A. Smith, and then knocking Pete Huddleston, another employee, unconscious with a water

pitcher as he came to Smith's aid. The four concealed themselves near a door, Dr. Love stated, and sprang out upon Smith as he unlocked the door to permit Tom McGowan to fire a boiler. Smith was choked and dragged down a flight of steps by the four men, Love reported. From Smith the men took the keys to innertall, weighs 145 pounds, and his home was listed as 2509 Jefferson Street.

Huddleston, who carried the keys to the outer door was knocked in the head with the heavy metal pitcher as he ran to Smith's assistance. From Huddleston the Negroes took the keys to the outer door, then raced through the kitchen and scaled a 12-foot fence topped with barbed wire. On the barbs one of them left a sizable bit of his shirt.

Smith suffered a sprained shoulder, but no broken bones. Huddleston's head was severely bruised and swollen this morning, Dr. Love said, and the pitcher had a big dent. Officials at the institution expressed a firm belief that Ridley, serving a sentence of 99 years, led the escape. Thompson was termed a bit feeble minded and most likely a docile follower.

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whom the two left bound and gagged in a desperate get-away from Davidson County Jail two years ago this past August 24. Polston's death was attributed to strangulation.

Sentenced to death, both were later saved by a Supreme Court decision. Ridley is 5 feet 11 inches tall, weighs 145 pounds, and his home was listed as 2509 Jefferson Street.

The court held that Hamilton had not conspired with Ridley to take the life of Polston and was therefore guilty of a lesser degree of homicide. As a result Hamilton received a flat sentence of 10 years for second degree murder and is now in State Prison.

Parker reportedly escaped from a Negro reformatory at Pikeville and was shortly afterwards sentenced to prison for housebreaking and larceny committed during the interim of illegal freedom.

While in jail at Murfreesboro Parker knocked Sheriff J. Richmond Jones in the head, inflicting a serious wound, Dr. Love said.

It was indicated that federal authorities have been interested in Barnes' various widespread cases. Barnes was described as 5 feet 10 inches tall, and weighing 150 pounds.

Difficulties Cited

Institutions Commissioner W. O. Baird said today that Dr. O. S. Hawk, superintendent of the Middle Tennessee hospital, had been disturbed about the criminal department for some time, because escapes have occurred at intervals since the building was established in 1932. He said Dr. Hawk was of the opinion it might have been better if the criminal division had been located within prison walls, and added that recommendation may be made to the Governor for changing the site of the criminal division.

Last year, according to Dr. Hawk, a 13-foot fence with a three-strand barbed wire top was erected about the building at a cost of several thousand dollars, but the wire strands are not electrified. It was also revealed that attendants at the institution are not permitted to carry arms and that their only de-

2 Asylum Fugitives Caught After Dodging Bullet Hail

By EDWIN HUDDLESTON

In a barrage of bullets, two of the four Negroes who escaped from the criminally insane asylum on Antioch Road two days ago were captured early this morning after bloodhounds had flushed the pair from hiding places in Smyrna.

Leader of the quartet, Morris Ridley, 27, a 76-year-old sumner, Davidson County jailer, C. H. Polston, Sr., was dragged from under a Smyrna store about 4:30 a. m. by three members of a posse.

Some 30 minutes earlier, J. B. Parsons, alias John Parker, had been located by State Prison dogs as he huddled in an outhouse behind the store. Wounded in the leg by earlier shooting, he put up no resistance in the face of a convincing burst of more bullets.

Sullen and silent, Ridley was returned to State Prison to resume his 99-year sentence. He had been committed to the asylum July 11 for observation.

Parsons was being held in County Jail.

Still at large were their two Negro companions in Wednesday morning's daring break from Central State Hospital for the Criminally Insane on Antioch Road. They are Joseph Barnes, 35, Nashville thief with a background of multiple larceny convictions and Robert Thompson, 25, of Shelby County, convicted for assault with intent to murder.

"Both Smyrna officers and Rutherford County deputies were more responsible for Ridley's and Parsons' capture than anybody else," Division Chief J. J. Jackson of the State Highway Patrol said.

Gov. Jim McCord said the problem of the distribution of the reward authorized by the State for the capture of Ridley and Parsons "will be worked out later."

The Governor announced that upon his instructions Ridley had been returned to the main prison "and locked up in a cell."

In connection with the reward authorized by the State—\$500 for Ridley's apprehension and \$250 for each of the three other escapees—it was announced that under their brief freedom around Hadley Park, near Centennial Boulevard, Ridley said. The two had may participate in any reward for the apprehension of any escaped prisoner.

Continuing a search that became intensified about 7 o'clock last night, Jackson and State Highway Patrolman M. E. Kinchum were sitting in a darkened car about 3:30 o'clock this morning near Smyrna's railroad station when two Negroes came walking down the sidewalk into the business section.

Kinchum drove the car toward the Negroes. Jackson called "Halt!" The Negroes fled. Again Jackson called and began firing.

The Negroes separated, one darting between a house and a store.

As the patrol car rounded the corner, Parsons dashed across the street. Again Jackson's pistol cracked, repeatedly, "creasing" Parsons in the left leg. The officers left the car, but now in the gloom of dawn both Negroes were gone.

By short wave radio, Jackson summoned aid. Quickly responding were Rutherford County Deputy Sheriff Richard Martin, G. O'Neil, Smyrna night policeman, and Frank R. Sawyers, Davidson County deputy sheriff. They were part of a group of some 50 county and state officers who had been summoned to the area earlier.

Around the crowded buildings was concealing shrubbery. The officers waited, searching carefully. Bloodhounds, already near by, under the guiding hand of State Prison Guard Jim Marable and Deputy Warden Glenn Swafford, soon prompted one of the Negroes to move.

More shots sounded, including a barrage from the top of the White Front Cafe. Officers closed in and dragged out the submissive Parsons from his crouching position in the outhouse behind the store. His one wound was termed minor. "I'm already hit," Parsons pleaded. "Be careful," he advised Jackson, of Ridley. "He's got a knife and an icepick."

Parsons had been dragged from the outhouse, spitting something from his mouth, officers said.

"What's that?" a state highway patrolman challenged.

"Money," Parsons mumbled, spitting out fragments. Officers said the cash was part of that taken from a cab driver the two men had robbed earlier.

Shortly afterwards Ridley was pulled from under the store. Assisting in dragging him out were Clare McAfee, state prison guard; R. G. Follice, Smyrna dry cleaner, and Frank R. Sawyers.

Contrary to Parsons' warning, Ridley was unarmed, Jackson said.

Ridley told Jackson he had not seen Barnes and Thompson since Wednesday, the day of their escape. The captured pair had spent most of their brief freedom around Hadley Park, near Centennial Boulevard, Ridley said. The two had may participate in any reward for the apprehension of any escaped prisoner.

The search for the four escapees entered its final phase about 7 o'clock last night after John Battle, Negro cab-driver, was robbed of his cab and pocketbook by Ridley and Parsons. Battle said the two hailed him off Centennial Boulevard and took the back seat.

One then brandished a knife, Battle said, and announced "I'm Morris Ridley. Drive us out of here!" The Negroes fled. Again Jackson called and began firing.



—Staff Photo by Frank Gunter.

Morris Ridley, 27, (seated, left), and John Parsons, alias Parker, 24, escaped Negroes from the criminally insane division of Central State Hospital who were captured early this morning at Smyrna, Tenn., after an all-night search by State and County officers, are shown at county jail with some of their captors. The officers in the picture are (left to right) Middle Tennessee Highway Patrol Chief J. J. Jackson, Sheriff Garner Robinson, Deputy Sheriff Charles Freedman, Highway Patrolman M. E. Kinchum, Deputy Sheriff Frank Sawyer, and Patrolman H. G. Williams.

The pair were caught after officers had fired a hail of bullets at them.

town. We're going to kill you when we get out in the country."

When the car developed trouble at Squirrel Lodge, the two took Battle's pocketbook, threw him out, and took over the driving themselves.

Later officers found the cab abandoned on the new Murfreesboro Highway leading to the Smyrna Air Base. The car was on the side of the road leading to the main entrance.

Posse Called Out

Responding to the 7 o'clock alarm was every Davidson County court officer and deputy sheriff, including Jackson, Sheriff Garner Robinson, Chief Deputy Jake Sherman, Deputy Sheriff J. B. Beasley, Felix Beasley, Sawyers, Court Officer Charles Smith, Charles Friedman, Jimmy Ayres, W. Y. (Booty) Draper, and Special Investigator Jim Richardson of the district attorney general's office.

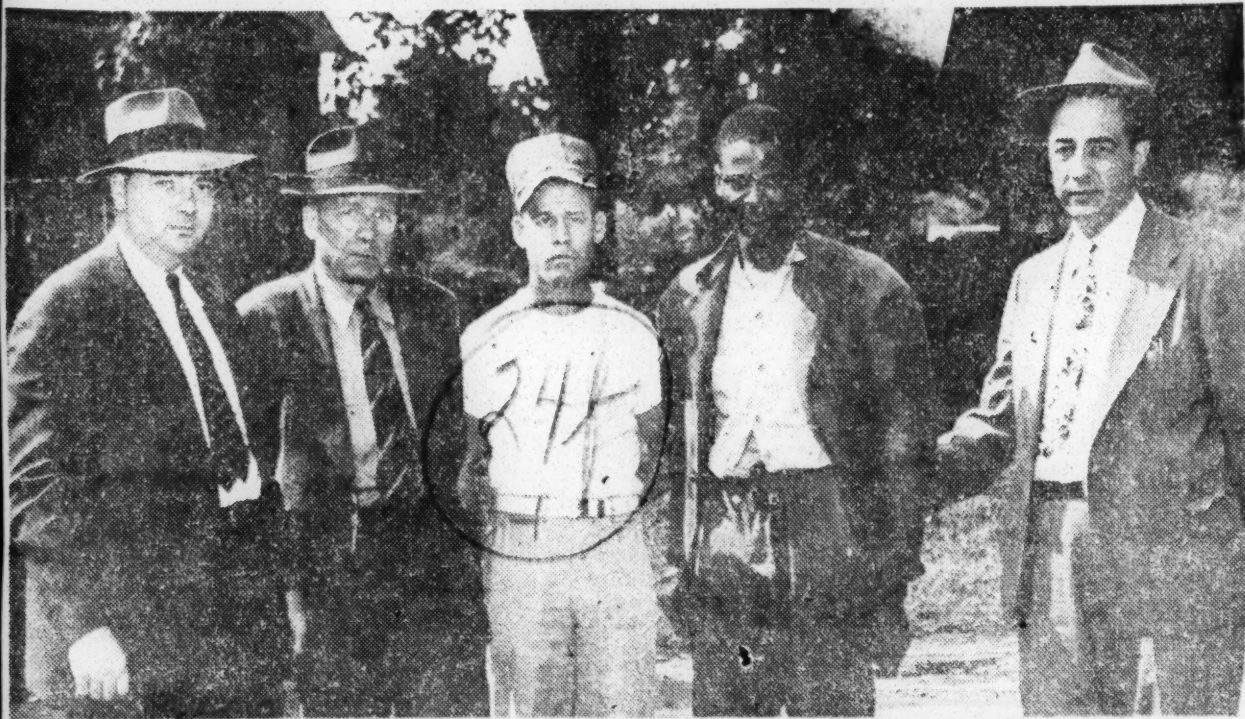
The terrain surrounding the

abandoned cab was soon being tediously combed. Part of the area was wooded, part was cornfields.

From the taxi the bloodhounds circled, tracking. Once found, the trail ended at the bank of a creek which the fleeing convicts were believed to have crossed. Some 10 military policemen from Smyrna had now joined in the search.

At 2 o'clock, all efforts having proved futile, the searching parties met at Cedar Grove Tourist Camp on Murfreesboro Pike and consulted. Again the group split, each party including a patrol car and a carload of deputies sheriff. State Highway Patrolmen M. E. Kinchum, H. C. Haroldson and H. G. Williams remained with Jackson. Shortly afterwards Haroldson and Williams moved off on a patrol of Murfreesboro Road, leaving Jackson and Kinchum watching in the darkened car. About three minutes after Haroldson and Williams had depart-

Third Fugitive From Asylum Captured Near Fort Negley



— Staff Photo by Walter H. Morgan, Jr.

Robert Thompson, fugitive from Central State Hospital for the Criminally Insane, is shown with four of his captors shortly after he was taken into custody this morning on Hamilton Street near Fort Negley. Left to right are Detectives W. D. Monohan and J. B. Patrick, George L. Taylor, who found the escapee in the weeds near his home, Thompson, and City Detective Buford Croley. Detective Eugene Curley, who also participated in the capture, was not present when the picture was taken.

Captured in a patch of weeds near Fort Negley this morning, Robert Thompson, 25, the third of four Negroes who broke out of Central State Hospital for the Criminally Insane Wednesday morning sat sullenly in a city police car shortly after his apprehension at about 10 o'clock, still nursing a head wound sustained in a struggle with a hospital guard at the time of the break.

He was found in a clump of weeds adjacent to the home of George L. Taylor, 504 Hamilton Avenue, where he broke in last night with his partner, Joseph Barnes, 35, criminally insane burglar, the last of the four who is still at large escapees.

From Thompson's incoherent remarks and statements, officers concluded he and Barnes had separated shortly after they broke in the house, and that Barnes may have headed for Indianapolis. A state-wide dragnet, out since the escape, was alerted today as this information was relayed by police radio.

Taylor said he "nearly stumbled over" the Negro as he was crouched in the tall undergrowth, and immediately called City police. Answering the call were Detective Buford Croley, Eugene Curley, W. D. Monohan, and J. S. Patrick, who walked over to where the man was still lying, picked him up, and began questioning him.

Sitting in the city car with a vacant stare in his eyes, Thompson gave his name. Asked about

Barnes, he made several conflicting statements, and began mumbling to himself.

Immediately after the call was flashed over the police radio, Middle Tennessee Highway Patrol Chief J. J. Jackson, Sheriff Garner Robinson, and Chief Deputy Sheriff Jake Sheridan joined in the hunt for Barnes, aided by Jim Marable's bloodhounds from State Prison.

Taylor told officers that his home was entered last night between 7 and 8 o'clock, and a suit of clothes, shoes and three shirts stolen.

The capture of Morris Ridley, 28-year-old slayer of Davidson County Jailer C. H. Polston, on August 24, 1944, and J. B. Parsons, alias John Parker, convicted epileptic burglar, was made by combined Davidson and Rutherford County and state officers early Friday morning after an all-night hunt incurred \$50 for the quartet's escape.

No method of distribution of the \$250 reward for the capture of Thompson, or the \$750 total for Ridley and Parsons, offered by the Governor, has been announced.

Guard Suspended

Meanwhile investigation was continuing today into circumstances surrounding the escape of the four Negroes.

A guard at the hospital was suspended yesterday afternoon following the recapture of two of the Negroes.

Dr. O. S. Hauk, superintendent of the hospital, said that Guard B. F. Hay, 60, of Eagleville, Rutherford

County, was suspended when a search of his room resulted in the finding of a "home-made" blackjack, the possession of weapons by hospital personnel being contrary to regulations.

Hay, whom the two recaptured Negroes implicated in their escape, flatly denied the allegations, and, Dr. Hauk said, the evidence found has not substantiated the stories told by the Negroes.

A search with bloodhounds yesterday afternoon in "brick bottom yard" at the end of Fourth Avenue, North, which, it has been hoped, might lead to the capture of at least one of the Negroes remaining at large, was abandoned about 5:30 o'clock when the trail merely led to four small Negro boys, fishing in a pond.

Dr. Hauk said Ridley and Parsons claimed that Hay had provided them with an ice pick and a knife.

Although the two Negroes had approximately that amount in their possession at the time of their recapture, Ridley was believed to have contacted a sister in Nashville after the escape and it was possible that the money came from her, Dr. Hauk said.

As for the ice pick and knife, Dr. Hauk pointed out that the men were unarmed when retaken and that the guard who was slugged unconscious in the escape was struck with a metal pitcher. If they had had other weapons, Dr. Hauk commented, it was

strange that they used the pitcher in attacking the guard.

At the time of the escape, Hay was asleep in his room. No money was found in his possession.

The blackjack discovered in Hay's closet was made from a sock. Dr. Hauk said Hay explained he had taken it from a patient several weeks ago. Nevertheless, it should have been turned in, Dr. Hauk said, and thus the guard was suspended. He had been employed at the asylum for seven years.

The search in "brick bottom yard" began about 3:30 p. m. yesterday when Patrolmen G. L. Lilley and W. S. Davis, manning a police patrol car, challenged a khaki-clad Negro to halt and he ran off into the bottom.

For two hours, Marable with two hounds led the search through the tall grass, finding only one trail, which led to the youthful fishermen.

Ridley has been returned to State Prison to resume a 99-year sentence. Parsons was being held in County Jail.

STATE CLINICS TEACH NEGROES PRE-NATAL CARE

JACKSONVILLE, Dec. 20. — (AP) — The Florida State Board of Health through its local health departments plans to combat the high death rate among Negro mothers and their babies during the coming year.

Both public health physicians and nurses are pledged to help control, through regular checkups and instructions, the causes which last year claimed 77 Negro mothers out of every 1000 live births during or because of childbirth, the board said.

Highlighting the state's educational efforts in teaching prospective mothers to care for themselves through proper diet, clothing and daily personal hygiene habits, state health officials said, is the Alachua County Health Department at Gainesville.

There at least 20 mothers-to-be attended a class weekly for four consecutive weeks, when they receive a certificate indicating their attendance. The classes run continuously, being repeated every four weeks. This will be followed in all other local health departments when personnel permits.

It is known that a large portion of the 77 Negro mothers who died from puerperal causes last year could have been saved had they received proper pre-natal care and instruction, officials said.

Louisville Births In 1945 Fell Short Of 1943, Bumper War Year, By 806 Babies

Louisville's births took a nose dive in 1945, falling off 806 from the bumper war year of 1942, when 7,805 babies were born. It also was below 1944, when there were 7,415 new arrivals.

The combined city-county birth rate was also slightly off. Dr. John J. Phair, City-County health director, announced in a preliminary summary of vital statistics for 1945.

Last year's birth rate was only 19.9, compared with the 1943 rate for city and county of 22.4 births per 1,000 population and the 1944 rate of 20.9. Total births were 8,762 for 1945, 9,351 in 1944, and 9,481 for 1943 in city and county.

The 1945 death rate for city and county was 11.5, the lowest of any war year. The rate for whites was 10.4 and for Negroes, 18.5. Louisville's death rate for white and Negro was 11.8 per 1,000 population; the rate for the county alone was 10. Highest death rate for any population group during the war was a rate of 21 deaths per thousand in 1943 for Negroes living in the county.

Infant Mortality High.

Infant mortality in 1945 was the second highest of the war years, 46.8 per thousand. A total of 410 infants under 12 months died, as compared with the peak year of 1943 when 517 died at a rate of 52.6 per thousand. In 1944 the rate was 42.7.

Dr. Phair's summary showed that heart disease caused the largest number of deaths, 1,527, and that 22 mothers died in childbirth.

Tuberculosis was the most deadly communicable disease. It killed off 252 city residents, one more than in 1944, and more than in any war year. Its death rate was 10.6 per 100,000 total population, whereas the rate for all Kentucky, with a larger rural population, was only 55.1.

Death Causes Listed.

The leading causes of death in city and county combined were listed as follows: diseases of the heart, 1,527; cancer, all forms, 539; cerebral hemorrhage, 383; tuberculosis, all forms, 298; chronic nephritis, 293; pneumonia, 275; diseases of early infancy, 235; arteriosclerosis, 134; accident falls, 117; and automobile accidents, 107. Diabetes dropped from the top-10 list for the first time, causing 88 deaths.

Compared with figures for Kentucky as a whole, the city showed a higher death rate, a lower birth rate, and infancy

mortality rate almost exactly the same. By the same comparison, the county showed a slightly higher death rate; birth rate only 0.1 per 1,000 different from that of the state; and a lower infant mortality rate.

In arriving at these rates, the Health Department used a Louisville-Jefferson County population estimate of 439,498 as of July, 1945.

1945 Death Rate in D. C. Lowest in History

Washington's death rate during 1945 was lower than in any previous year in the city's history, according to District Health Officer George C. Ruhland yesterday. Deaths dropped to 9.5 per 1000 population, a figure lower than the death rate for the Nation as a whole in 1944. National figures for 1945 are not yet available.

Cites Problems Ahead

Along with a favorable report on the progress of Washington's health, Dr. Ruhland took the opportunity yesterday to warn that there are serious health problems confronting the city.

He cited particularly:

1. Negro housing which attributed to the poorer Negro health record.
2. The possibility that servicemen returning from the Pacific will bring an outbreak of tropical infections.

2. The trend toward "economic unrest" and unemployment which may affect the health.

Among the District's white population, the report noted, the general death rate in 1945 was 8.4 deaths per 1000 population while the non-white death rate was 12.1 per 1000 population.

Heart Deaths Lead

Heart disease continued to claim the greatest number of victims. Cancer was second among the major causes of death, nephritis (kidney disease) third, apoplexy fourth, and tuberculosis fifth. Accidents ranked sixth in the causes of death, pneumonia seventh, prematurity eighth, diabetes ninth and syphilis tenth.

Apoplexy and tuberculosis changed places on this year's cause of death list. Tuberculosis ranked fourth in 1944.

Maternity Rate Low

The maternal mortality rate

Death Rate for City and County Lowest

Since Fighting Began; Heart Diseases Lead

reached an all-time low but the infant mortality increased slightly.

There were 1.0 maternal deaths per 1000 live births in 1945 as compared with 1.5 live births in 1944. Infant deaths jumped from 38.4 deaths per 1000 live births in 1944 to 39 deaths per 1000 live births for 1945.

The national maternal death rate for 1944 was 2.3 per 1000 live births and the national infant mortality rate for 1944 was 39.8 per 1000 live births.

Tuberculosis mortality dropped from 66.2 deaths per 100,000 persons in 1944 to 60.5 per 100,000 persons in 1945. This was still considerably higher than the national tuberculosis rate of 41.3 deaths per 100,000 in 1944.

Pneumonia Toll Cut

Pneumonitis, too, showed a reduction in death rate. In 1944 there were 47.9 pneumonia deaths per 100,000 persons and in 1945 the rate dropped to 42.0 per 100,000. The United States pneumonia rate for 1944 was 48.6.

For the consecutive year there were deaths reported from diphtheria. This record was credited to the prevention clinics which immunized approximately 15,000 children from the disease during the year.

Compulsory vaccination of dogs against rabies, begun in August, was credited with lowering the number of rabid animals. From January to September, 1945, there were 108 rabid animals found in the District, while from September 21 no rabid dogs were reported.

Bureau Praised

The Bureau of Mental Hygiene was called the chief organizational development here. "There is a large problem in mental hygiene not reflected in the health statistics of the report. The institution of

this service constitutes an outstanding step in meeting a growing problem in public health," the report said.

These provisional mortality rates for 1945 were computed on the basis of deaths reported for the first 51 weeks and a population estimate of 950,000.

NEGRO LIFE SPAN 65 YEARS

Chicago:—While noted scientists the world over seek a formula to keep man alive 100 years, Negro and white medicos alike are looking for a simple health program that would keep the average Negro alive until he is 65.

Although the life expectancy of whites is 65, the average Negro dies at 53, asserts a factual and timely photo-editorial, "How Long Can the Negro Live?" in the April issue of Ebony, the new Negro picture magazine.

"While doctors peer through microscopes and gaze at test tubes looking for the formula that will keep man living until he is 200, thirteen million Americans—Negro Americans—are interested in the more immediate problem of how to live until 65," the article states.

Pointing out that melanin is what makes the Negro's skin dark, the editorial continues: "It's not the melanin that kills the Negro at 53, it's jim crow, lack of doctors, slums, poll taxes and everything that is part of the racist system of living for Negroes in America."

PORTSMOUTH—The mortality rate for colored mothers in maternity cases is twice as high as in white cases and the death rate for Negro infants is one-and-one-half times higher, it was revealed Saturday by Mrs. Marie Shanks Keys, consultant on work with Negroes for the Planned Parenthood Federation of America, in an address before social workers at

Negro disease is a direct product of jim crow. How healthy the Negro population is depends on how soon the color line cracks in America."

Mortality Rate in Childbirth Drops to 2.2 Per 1,000 in State

Richmond, Va. Maternal deaths, once appallingly high in Virginia, have gone so low in the past 10 years that there were only 2.2 deaths per 1,000 mothers during 1945, the State Health Department's bureau of vital statistics revealed yesterday.

Tabulations of the vital statistics bureau show that there was a steady decrease in childbirth deaths during the entire war period. Just how the decline has run is shown by the fact that in 1942 there were 2.8 per 1,000 persons; in 1943 there were 2.9; in 1944 there were 2.8 and in 1945 a new low of 2.2 deaths was established.

The maternal death rate continues to run higher among Negro women. For instance, last year the rate among whites was a little over one death out of every thousand women giving birth. But among the Negroes the rate was 3.9 deaths in every thousand.

Cases Listed

Toxemia and puerperal septicemia claim the most victims. Among the white the deaths caused by these two sources has remained rather constant, but among the Negroes it has gone down. No explanation for this was given.

Deaths caused by abortions are gradually decreasing. During 1945 there were 26 and in 1944 there were 28. Three of the deaths from abortions in 1945 were listed as "induced by non-therapeutic reasons." In 1944 this number was also three with one actual case of criminal abortion given. The bureau explained that the reports of all such cases are not "necessarily" made.

High Mortality Among Mothers Is Deplored

Just thing of it," said Mrs. Keys, "Negro mothers are dying twice as fast and Negro infants one-and-one-half times as fast in every state in America."

The speaker urged social workers to study the death rates and to plan ways to curb the causes. Stressing planned parenthood as a moral and democratic way to ward curbing the alarming death rate, Mrs. Keys stated that her program was once generally believed to be one of curbing births. She declared that planned parenthood instead often brought about spaced births in families, resulting in healthy mothers and infants, instead of dead or ailing ones.

parenthood, not to decrease the Negro birth rate but rather to improve the health of both mother and infant.

Mrs. Keys, "Negro mothers are dying twice as fast and Negro infants one-and-one-half times as fast in every state in America."

SOCIAL RESPONSIBILITY Using the subject "The Social Worker's Responsibility in Maternal and Infant Death Rates," Mrs. Keys urged the practice of planned

Set 5-11-46

MUST PLAN CURBS

**Negro Death Rate
Is Nearly 50 Per Cent
More Than Whites**

BY DR. B. F. AUSTIN
State Health Officer
(for The Associated Press)

If the average person should be asked whether Negroes as a whole are as healthy as white people, the chances are that he (or she) would answer promptly: "Why of course Negroes are healthier. See how many of them do heavy manual labor. White people couldn't stand up under such hard work."

But such an answer would be altogether wrong. The official vital statistics reports, the nearest thing there is to a true index of the health of any group, make it clear that Negroes are less healthy than white people. Let us take a look at the 1944 reports, the latest available.

The Negro general death rate in Alabama (for all causes combined) was nearly 50 per cent higher than that for white people. The Negro infant death rate was nearly 52 per cent higher than the white infant death rate. 4-29-46

THE NEGRO DEATH RATES FOR A NUMBER OF IMPORTANT diseases were substantially higher than the white rates for these diseases, including typhoid fever, scarlet fever, whooping cough, tuberculosis, malaria, syphilis, influenza, measles, poliomyelitis (infantile paralysis), pellagra, intracranial lesions of vascular origin (brain hemorrhage), heart disease, pneumonia, diarrhea and enteritis, appendicitis, hernia, cirrhosis of the liver, and nephritis (Bright's disease).

There is, therefore, sound cause for the hope that the still-wide gap between death rates for the two races will soon be considerably narrowed, not by an increase in the white rates but by sharp declines in the Negro rates.

the white rate. Malaria killed nearly four times as many Negroes in proportion to population as it did white people. The Negro death rate for pellagra, influenza, pneumonia and nephritis was at least 50 per cent higher than the white rate for these forms of illness.

**Negroes' Death Rate,
While Showing Drop,
Is Still Too High**

BY DR. B. F. AUSTIN
State Health Officer
(Written for The Associated Press)

Although Negroes have shared generally in the nation's health progress during the past 35 years, they have not shared in proportion

to their needs," a spokesman for the U. S. Public Health Service said a short time ago: "Negroes constitute 10 per cent of our population, but they bear from three to six times their proportional burden of ill health and premature death."

"In every thousand Negro births, for 65 years, but a male colored one and three-quarter times as many babies die before they are a year old as in white births. Negro mothers die in childbirth at twice the rate of white women. Many

mothers die in childbirth at twice the rate among white women. Many of the chronic diseases which disable and kill strike Negroes far more frequently than their white neighbors. 5-27-46

"These inequalities are unnecessary. Public health and medicine have found the knowledge and skills with which to make the Negro's load of sickness and death as light as the white man's today. More than that, the means are available now to reduce death and illness in all races to still lower levels than are experienced at present by the most favored groups."

Let us see how Negro death rates of 1944 compare with white rates of a decade earlier, indicating the extent to which Negroes have benefited from the advance of medical science.

In 1934 Alabama's white death first year of life, the rate for scarlet fever was four times as high as compared with times higher than the Negro death rate only 63 years compared with rate for that disease in 1944. The life expectancy at her birth or 1934 white death rate for whooping cough was nearly twice as high as the Census Bureau said. For white the 1944 Negro rate. The white baby girls at birth the figure is malaria rate for 1934 exceeded the 67 years as compared with 1944 malaria death rate for Negroes years for colored female babies by considerably more than 200 per cent.

Monday

The 1944 influenza death rate for Negroes was only slightly higher than the 1934 white rate for this disease. And, finally, the 1934 pel-lagra death rate for white people about 84 per cent higher than the 1944 rate for Negroes.

There is, therefore, sound basis for the hope that the still-wide gap

There is, therefore, sound cause for the hope that the still-wide gap between death rates for the two races will soon be considerably narrowed, not by an increase in the white rates but by sharp declines in the Negro rates.

**Jax Death
Rate Drops**

Pittsburgh Pa.
JACKSONVILLE—Jacksonville's death and birth rate was lower than in many years. The number of deaths and births here last month was the smallest recorded according to the report of C. Herbert Purdy, director of the Division of Vital Statistics of the City Board of Health Department.

Deaths in April totaled 138 and births numbered 219. Fifty-two white male deaths were recorded, twenty-seven white females, twenty-eight Negro males and 31 Negro females. Eighty-seven white male births were reported, sixty-five females, thirty-seven Negro males and thirty Negro females. 7-11-44

Eleven persons met death during the month from violent causes. Homicides and suicides each claimed three lives: two were fatally hurt in automobile accidents and single deaths to accidental poisoning, drowning and a fall.

Statistics On Life Span Revealed

WASHINGTON, D. C., — (NN-PA)—A male white baby at the

age of one year may expect to live for 65 years, but a male colored baby at the same age may only look forward to living 56 years, the census Bureau revealed last Tues-

Charles J. Bauer, specialist in the census bureau, said that life tables prepared by the Bureau also show that the average white baby girl at the age of one year will live for 69 years, but that a colored baby girl of the same age will only live for 53 years. A difference

Asked to explain the difference in the life expectancy between the white and colored babies, Mr. Bauer said, generally, the difference was due first to the fact that colored people are on a lower economic level than whites and, secondly, because the Negro in America is in a different habitat.

...having been conditioned for a different environment, both socio-
logically and climatically.

Because many deaths occur in the first year of life, the life expectancy of a white male baby at birth is only 63 years as compared with a life expectancy at her birth of 52 years for male colored babies, the Census Bureau said. For white baby girls at birth the figure is 67 years as compared with 56 for colored female babies.

policy holders is high because most of the companies operate on the plan and assessment basis, and the state which prohibits discrimination between white and colored people in fixing insurance.

The state law, the report stated, has several very rigorous provisions which are intended to protect Negroes against unfair discrimination, but as a matter of practice, the law made it more difficult for colored people to secure the best type of insurance. "It is doubtful if the legislature

Commenting on the suggested plan of forming a new company to handle colored business, Mr. Cullen said: "The formation of a new life insurance company is one of the most difficult projects imaginable, but the Metropolitan Life Insurance Company made an offer which would give substantial help.

"It is willing to turn over the new company the management and collection of the insurance which it now holds in Harlem, which would give the new company an immediate income of substantial proportions and would enable the staff to secure experience, oversight and training. "It has been suggested that the citizens."

Report Still Births High Among Negroes — The death rate among women in childbirth is more than double that for white mothers and probably is due to the lower economic and educational level of the colored people. The report pointed out that one mother and probably is due to the lower economic and educational level of the colored people. The report pointed out that one mother and probably is due to the lower economic and educational level of the colored people. The report pointed out that one mother and probably is due to the lower economic and educational level of the colored people.

that of the obvious problems of such the lower

Philadelphia, reported to the American Medical Association. In 1948, when the maternal mortality rate for white mothers was 21, the rate for colored mothers was 57, and the excess prevailed in the North as well as the South, Dr. Williams said. He said that the colored mother death rate in Alabama had been

standards, a difference in moral cut in half since the establishment of state-financed clinics, which gives people an inclination to stick to primitive cases. Dr. Philip F. Williams, of the maternity cases.

Report Still Births High Among Negroes

See a newspaper article.
SAN FRANCISCO, July — (NPA) — The death rate among colored women in childbirth is more than double that for white mothers and probably is due to

the lower economic and education

UNCOVER METROPOLITAN OFFER TO DUMP ALL NEGRO BUSINESS

Harlem Study Said to Have Convinced Mortality Rates Higher Than Whites

CALIFORNIA EXPERIMENT CITED

WASHINGTON, D. C., June 1.—The Metropolitan Life Insurance Company made an offer in 1934 to the New York Commissioner of Insurance to turn over all its colored business in Harlem to any new insurance firm, which qualified to accept it, because it no longer wanted to issue policies to colored persons, it came to light here last Monday.

Whether the attitude of the cost and better protection for the colored population.

Metropolitan toward writing in colored people in the insurance risks of colored people in the problem. It revealed that in order to find a solution to the problem, a committee headed by Elmer Carver, of the Unemployment Insurance Department, was appointed to study insurance among colored people and make recommendations. The committee was composed of leading colored citizens and representatives from some of the insurance companies. The committee has been working on the problem since its organization.

The official said an existing colored insurance company would hold a number of meetings but have difficulty in taking over the held a final plan of Harlem policies for two reasons: never formulated a first, because it would have to relief.

J. B. Williams

The report stated that after obtain license to operate in New York State, if it is not operating actuaries from several of the there, and, secondly, in order to larger insurance companies had to operate there it would have to study the findings that mortality rates among colored people were higher than among white people. It was pointed out that a new company be formed which would specialize in insuring colored people. The law is far more stringent than the suggested that a new company be formed in insurance on the laws of most other states. be largely in insurance on the laws of most other states.

Thom-
submitted by Thom-

The report, submitted for Louis H. J. Cullen, acting for Louis H. Pink, who was then state superintendent of insurance, stated that elimination of a number of "most of the larger and more responsible insurance companies tail do not bother to seek colored business," and admitted that "it is companies serving colored people." Criticizing the smaller insurance companies, the report stated to clear that something should be done to procure lower insurance the cost of insurance to colored people.

ers was 57, and the excess prevailed in the North as well as the South, Dr. Williams said. He said that the colored mother death rate in Alabama had been

24h 1946

dread of the latter malady. There were 59 deaths from polio in 1944, only 20 in 1945, and there had been five in 1946 up to September 1.

The annual expenditure for public health by the Commonwealth in 1945 totaled slightly in excess of seven million dollars, as against approximately 25 million dollars for highways. In other words, 5.26 per cent of total State outlays went to health as against 18.39 to highways. The sanatoria for tuberculosis received just under one million dollars. The foregoing figures do not include capital outlays.

The salary range for supervisory nurses in State institutions is from \$2,832 to \$3,638; for graduate nurses, including those in the TB sanatoria, from \$1,824 to \$2,697; for student nurses, from \$948 to \$1,200; for nurses' aids and attendants, from \$1,248 to \$1,756, and for orderlies, the same.

The amount of money now "in our treasury" is in excess of \$21,600,000, but it was all appropriated, and more, by the General Assembly which met last Winter. A conditional appropriation of one million dollars for public health is included among the appropriations made at that time.

It is clear from the foregoing that Virginia is substandard in its handling of tuberculosis. The elimination of the Woodrow Wilson Hospital as a possible facility accents the need for a new sanatorium situated in Tidewater, where the incidence of the disease is greatest. It also makes doubly imperative the filling of some 150 beds now empty in the three existing sanatoria.

Wants Waverly Free for All

I have just interviewed a former legislator who was one of the sponsors of the Waverly Hill Tuberculosis Sanatorium enabling act. He stated that it was never the intention of the legislature that Waverly was to be anything but a free hospital for rich and poor, regardless of race, religion or previous condition of servitude.

Wake up, taxpayers of Louisville, you pay City and County taxes for the support of Waverly Hills Tuberculosis Sanatorium. What right has the Louisville and Jefferson County Board of Health and Dr. John J. Phair to try to charge patients for treatments starting October 1? Regardless of whether the people of Louisville and Jefferson County pay or not, their taxes which they pay take care of this.

If Dr. John J. Phair and the board want the Waverly Hills Tuberculosis Sanatorium to be operated on a payment plan, then why should the City taxpayers continue paying taxes for its upkeep? It looks like the board at an open meeting adopted this plan without consulting taxpayers of this City and County. *Nov 8-12-46*
C. W. MCCANN.
Louisville.

Nursing Home Patients X-Rayed for Tuberculosis

Patients from two Negro nursing homes, where 36 out of 50 showed positive on tuberculin

tests, had been X-rayed Thursday tests, and he, Dr. Burch and Mrs. through a joint effort of the Atlanta Tuberculosis Association and nurses in the tuberculosis division, the City Health Department to expose how many have tuberculosis, she said.

Patients who were able to be moved were taken Wednesday to the city health center at 11 Hunter Street, S. W., for the X-rays. Dr. J. C. Burch, director of tuberculosis control for the City Health Department, said he would examine bedridden patients.

City health nurses made the preliminary tests. In the Houston Street home, which has been ordered destroyed by city authorities because it is unfit for human habitation, 19 out of 25 patients tested positive. In a Camilla Street home, 17 out of 25 reacted positively.

(A positive reaction on a tuberculin test shows that the subject has been exposed to tuberculosis and is harboring the germ. An X-ray is necessary to determine if he actually has the disease.)

Major Puzzle

What will happen to any active cases discovered is something of a puzzle, however. Miss Marguerite Spilman, executive secretary of the Atlanta Tuberculosis Association, who initiated the tests, pointed out that the hospitalization of tuberculosis patients is handled by public agencies.

"The present situation is that our local sanatorium, Battle Hill, is closed to new admissions and there is a waiting list for Battey State Hospital," she said. Dr. Burch confirmed her statement of the dilemma public health officials would face in handling any active cases, who need isolation and care. Tuberculosis being very contagious, an uncared-for active case is a health menace, Dr. Burch said.

Action followed an Atlanta Journal story September 29 describing conditions in a number of nursing homes here where many chronically ill old-age pensioners are housed under the aegis of the Fulton County Welfare Department.

Deplorable Conditions

"I considered it my duty to learn the extent of tuberculosis in these houses," declared Miss Spilman. "I visited the Houston and Camilla Street homes, talked with the operators and saw the deplorable conditions of the inmates of the Houston Street boarding house.

"Only two known cases of tuberculosis were shown me. These patients were in the miserable, foul shacks at the rear of the cottage on Houston Street. However, tuberculosis often exists for months before the infected person breaks down from the ravages of the disease. There was but one way to know the truth about the existence of tuberculosis among these people—that is, conduct proper tests.

Dr. James F. Hackney, city health director, authorized the tests, and he, Dr. Burch and Mrs. Cecil Greenwood, supervisor of nurses in the tuberculosis division, have given every co-operation, she said.

Carl W. Fields Heads Negro T. B. Seal Sale

Prof. Carl W. Fields, of Summerville, will head the Dorchester County Seal Sale Drive among colored citizens, according to George W. Cooley, President of the County Tuberculosis Association. The Sale opens Monday, November 25th, and the goal is \$1100.00 for the county colored Sale.

Professor Fields, who is principal of Alston School, has rendered valuable aid to the Association in past years, through large contributions from his school group. He is also Chairman of the County Tuberculosis Auxiliary for colored citizens.

An enthusiastic meeting for volunteer Christmas Seal Chairmen was held in St. George, Wednesday night. Among those present were Walter Christie, Clara Bell Senior, Mattie Mouzon, Wilson Woodruff, Roosevelt Windham, Eugene Frederick, and Rev. F. R. Marcus. Each pledged their assistance to the Chairman, Professor Fields, in helping to maintain the splendid total of \$1100, reached in last year's Sale.

A meeting of Seal Chairmen for lower Dorchester will be held in Summerville next Monday night. The meeting will be attended by church and community leaders, who will receive their quotas for their church community groups. All church leaders throughout Dorchester County will be sent their quota of Seals early next week, with a special appeal that they reach their goal 100% by December 21st.

"We are confident," said Mrs. M. S. Almand, Executive Secretary for the County Tuberculosis Association, "that with the spirit now prevailing among our volunteer workers, and their eagerness to do their part in reaching the goal, the coming Drive will be the most successful yet had."

Universal Life
Gives \$100 For
T. B. Xmas Seals
Nov 12-19-46

BY WILLIAM ORDON

One of the largest purchases for Tuberculosis Christmas Seals through the Negro Advisory Committee to date came from Universal Life Insurance Company. The company bought one hundred dollars worth of stamps, increasing its purchase by fifty dollars over previous amounts spent for seals.

Rev. S. A. Owen, co-chairman of the seals sales campaign, made the "contact" for the purchase with M. W. Bonner, secretary of Universal Life.

Funds raised through the sales of Tuberculosis Christmas Seals are used to provide X-Ray examinations for race citizens, sponsor essay contest on Tuberculosis Prevention, among students of both city and in general advance every aspect of the work to eradicate the dreaded disease.

Prof. B. T. Hunt is chairman of the Negro Advisory Committee, one of two major committees of its kind recently organized under auspices of the Shelby County Tuberculosis Society. He has called the next meeting of his committee for this Monday evening, December 16th at the Vance Avenue Branch YWCA.

TB Seal Sale Exceeds \$500

Jacksonville, (SNS)—Mr. Chester R. Cowart, Seal Sale Chairman, announced last week that to date the Negro Division of the Seal Sale Committee has raised approximately \$5,000 in this 39th Annual Christmas Seal Sale. Mr. Cowart stated that, "although short of the goal, this amount represents an increase of \$300.00 over that of last year. The Negro Division set out to raise ten percent of the total amount raised by the White Division, and we are confident, says, Mr. Cowart, that when the drive is completed that we will have ascertained our goal which was planned."

The committee thanks one and all for each contribution made which played an important part in the great success accomplished.

Negroes Do Not Have More TB

Than White, Report

Washington, D. C.—Negroes do not have more tuberculosis than white persons, according to the U. S. Public Health Service, Federal Security Agency.

The Negro death rate from tuberculosis is three times as high as that for whites, but in the general population, the rate of tuberculosis infection is almost the same for both races.

This strange paradox has long been recognized by health officials. Now it has been proved by large scale chest X ray examinations being carried on throughout the country, where thousands of persons of both races are being examined in the Nation wide fight against tuberculosis. **7-14-46**

At the University of Chicago Clinics and affiliated Provident Hospital, where thousands of patients each year are given chest X ray examination, a smaller per cent of Negroes (4 percent) had tuberculosis than did the white patients (4.17 percent). However, among the Negro patients, a much larger number had serious tuberculosis in need of immediate treatment (2.64 percent) while a smaller number of white patients (1.43 percent) had active disease. For the country as a whole it is estimated that 12 persons per 1,000 have tuberculosis, healed or active.

The chief reason advanced for the high death rate from tuberculosis among Negroes is that among nonwhite persons, tuberculosis, once it starts, progresses rapidly into advanced disease more frequently than it does in white persons. Many Negroes discover their tuberculosis only after it has reached serious proportions, when little can be done to stop the infection. The delayed diagnosis

means that the patient has lost his best chance for recovery. The rapid course of tuberculosis among Negroes, with frequent premature death, also decreases opportunity for spreading the disease to others over a long period of years. This may account for the no higher than average rate of tuberculosis among Negroes in the general population.

Negro Unit Tops Goal in Seal Sale

Washington Post
B.C. 2-29-46
The Negro auxiliary of the Alexandria Tuberculosis Association has topped its \$900 goal in the 1945 sale of Christmas seals with collections of \$908.28, it was announced yesterday. Members had voluntarily raised the quota 10 per cent above the previous year's goal.

Albert A. Smoot, general seal sale chairman for Alexandria, commended the auxiliary chairman, Alma P. Murray, and the Rev. J. H. Lovell, chairman of the auxiliary's seal sale drive, for their "diligence and the fine spirit of the workers."

Total collections for seal sales in Alexandria to date have reached \$15,346.34, leaving the drive \$1,153.66 short of its \$16,500 goal. Returns are still coming in. **Times**

Toward TB Control

Richmond Times Dispatch
ADOPTION by the Virginia Senate yesterday of the BALDWIN resolution calling on the State Board of Health to install a colored staff as soon as practicable at Piedmont Sanatorium for tuberculous Negroes, near Burkeville, was an important move in the direction of a satisfactory policy of control over the "white plague" in Virginia. It was also eminently fair to our Negro citizens, in that it affords them an opportunity to develop specialists in the diagnosis and treatment of tuberculosis for work among their own people in all parts of the State. **va.**

GOVERNOR TUCK deserves the major share of the credit for the adoption of this resolution. It went through the House with hardly a ripple, but it was bogged down on the last day of the session in the Senate Committee on Public Institutions and Education. Pressure from the chief executive promptly got it out of that committee and through the Senate. **Sunday**

As passed by the House, the resolution called upon the Board of Health to set up an all-Negro staff at the Petersburg Colony for the Epileptic and Feeble-minded. This part of the resolution was stricken out in the Senate, but it was less important than the essential portion relating to Piedmont Sanatorium. Once a capable colored staff is installed and functioning at Piedmont, the wisdom of having a similar staff at the Petersburg colony should be apparent. **3-10-46**

It is particularly necessary that every facility for training Negro specialists in

tuberculosis be provided in Virginia, to the end that the State's appalling death rate from this disease may be brought down. Under the terms of the resolution, specialists from other States, including several in the South which have sanatoria with colored staffs, can be brought to Virginia. Once a training center for such specialists is established at Burkeville, Negro tuberculosis, which menaces both whites and blacks, can be attacked in an intensive way. Adoption of the BALDWIN resolution is a landmark on the road to better tuberculosis control in Virginia. **3-10-46**

Needed to Cut Our Huge TB Rate

Times Dispatch
IF THE BALDWIN resolution, calling on the State Board of Health to install colored staffs as soon as practicable at the Piedmont Sanatorium for tuberculous Negroes at Burkeville, and at the Petersburg Colony for the Epileptic and Feeble-minded, is not reported out today by the Senate Committee on Public Institutions and Education, and passed by the Senate, hundreds of white and colored Virginians may die from tuberculosis who otherwise might live. This resolution embodies a constructive approach to Virginia's extremely high death rate from the white plague and carries out a recommendation made by GOVERNOR DABEN in 1944. Its defeat would be a calamity. **Sat 3-9-46**

During the war, it was not possible to secure trained colored specialists for the staffs of these two institutions for the treatment of Negroes, but that condition no longer obtains. The necessary specialists are now available, or soon will be, and an effective attack can be made on the problems which these two institutions represent. This is particularly important in the case of the Piedmont sanatorium, since Negroes with tuberculosis infect white and black alike, and if the BALDWIN resolution is beaten, the plans for making the Burkeville institution a center for training Negro specialists for work among the large numbers of infected Negroes in the State, will fail. This means that colored consumptives in all parts of the Commonwealth, and especially in Tidewater and the Southside, will continue to spread their infection, and Virginia will continue to have a death rate from tuberculosis which is surpassed by only five States and the District of Columbia.

It apparently is argued by a few Senators from the Southside, where the Burkeville and Petersburg institutions are situated, that this resolution is a "local measure," and that since there are persons in their districts who oppose the plan, it should be "voted down. This argument has no validity whatever. The measure is no more "local" than a resolution pertaining to the University of Virginia faculty would be local. On the contrary, we have here a matter of State-wide interest and concern, for both the institutions in question are State in-

stitutions. Furthermore, it is in the interests of all the citizens of Virginia to see that the BALDWIN resolution is adopted, to the end that a more effective control of tuberculosis may be set up, and our appalling death rate, especially among Negroes, may be reduced.

Georgia, Kentucky, West Virginia and Maryland all have sanatoria for tuberculous Negroes with Negro staffs. These institutions have functioned with a high degree of success. We in Virginia cannot afford to lag behind the procession, and to defeat legislation which is important to the whole Commonwealth, on the specious plea that it is purely local. If there are persons in or near Burkeville or Petersburg who do not desire this legislation, their views should have no more weight with the committee than those of other regions who favor the resolution. That paper passed the House virtually without opposition. The Senate committee should report it out today and the Senate should pass it. Otherwise an effective approach to Virginia's huge death rate will be rendered much more difficult, and many may die.

Tuberculosis Equal Among Negroes, Whites, Says U.S.

Chicago Defender
Chicago, Ill.
WASHINGTON—Negroes do not have more tuberculosis than white persons. **Sat 4-20-46**
This long suspected but previously unproven statement came from the U. S. Public Health Service, Federal Security Agency in Washington this week.

The agency announced that positive proof had been established are: which disclosed that though the Negro death rate from the dread disease is three times as high as that for whites, when compared with the general population the rate of tuberculosis infection is almost the same for both races.

Large-scale X-ray examinations being carried on throughout the country, where thousands of persons of both races are being examined, were determining factors for the new concept.

At the University of Chicago Clinics and affiliated Provident Hospital, a smaller per cent of Negroes (4 per cent) had tuberculosis than did the white patients (4.17

THREE NATIONALLY KNOWN Negro educators were elected to the board of directors of the National Tuberculosis Association at its recent annual meeting in Buffalo. **Memphis News**
They are Charles S. Johnson, professor of sociology, Fisk University, Nashville; A. W. Dent, president of Dillard University Medical School, New Orleans, and Dr. Howard M. Payne, Howard University, Washington. **Sun. 7-14-46**

Queens Official Cites Health Gains

Baltimore Md.
NEW YORK — Speaking of "Health Gains Among Colored People," Godias J. Drolet of the Queensboro Tuberculosis and Health Association, recently reported that the colored tuberculosis death rate in Queens in 1945 was 155 per 100,000 or 11% lower than the 175 NYC rate.

Drolet spoke at the seventh annual joint meeting of the tuberculosis association and the Queens Clinical Society, at the Diplomat Restaurant, Jamaica, and referred to the marked gains against ill health which colored people have made in the United States.

Life Span Greater
He pointed out that in 1900 the expectation of life at birth among males was only 32.5 years and among females 35 years, while in 1940 it had risen among colored males to 53.5 years and among females to 56.8. **2-20-46**
Elmer Carter of the New York State Commission Against Discrimination pleaded for greater opportunities for clinical experience for colored doctors and nurses, pointing out that colored persons have demonstrated their abilities in the field of medicine.

per cent). However, among the Negro patients, a much larger number had serious tuberculosis in need of immediate treatment (2.64 per cent), while a smaller number of white patients (1.43 per cent) had active cases.

The best preventative measures against tuberculosis, it was stated,

Frequent chest X-ray to find tuberculosis in the early stages before it becomes an advanced disease. **Sat 4-20-46**

Prompt treatment of early tuberculosis once it has been diagnosed. Early tuberculosis can be completely healed in a short time, if good medical care is made available immediately.

TUBERCULOSIS FIGHT IN HARLEM IS URGED

Times New York N.Y.
Tuberculosis takes the lives of a thousand Negroes a year in Harlem, Dr. George D. Cannon declared last night, and called on the city's Department of Hospitals to develop a "real program" to attack the problem. He spoke over radio station WLIB in a program sponsored by the Citizens Committee of which he is a member. *Tw.*

Dr. Cannon, who heads the subcommittee on Health and Hospitals of the City-wide Citizens Committee on Harlem, cited statistics to show that the death rate in Central Harlem was more than four times that for the city as a whole. He praised the Department of Health for its work in education and diagnosis, but said the Department of Hospitals had not provided enough beds to care for those infected with tuberculosis. He said the number of beds actually had been reduced on account of labor shortage.

Dr. Cannon proposed that wages of hospital employees be raised to attract more workers, that the number of tuberculosis beds be increased and that the way be eased for Negro specialists in that field to practice in New York. Referring to Governor Dewey's health improvement program, Dr. Cannon urged that a Negro doctor be included in the Advisory Committee of five physicians who are to help direct it. *5-31-46*

ASKS AID FOR NEGROES Committee on Harlem Official Wants Care for the Tubercular

New York N.Y.
Dr. George D. Cannon, health and hospitals chairman of the City-Wide Citizens Committee on Harlem, 516 Fifth Avenue, charged yesterday that the lack of beds for tubercular patients in this city's hospitals contributed to the high tuberculosis mortality among city Negroes. *5-31-46*

Declaring that 1,000 Negroes die each year of tuberculosis in this city, he said:

"There are not enough tuberculosis beds. The Emerson report recommended a 500-bed tuberculosis hospital for upper Manhattan. La Guardia threw the report out. To make matters, Riverside Hospital closed down entirely and Triboro Hospital closed down partially due to labor shortage. The reason for a labor shortage is because the wages of city hospital employees, attendants, orderlies, nurses, are not high enough to attract people to the jobs. Because of the city's low wage policy, the people at the economic bottom are suffering. It's hitting the Negroes hardest." *N.Y. N.Y.*

He urged that the Departments of Health and Hospitals induce Negro physicians interested in tuberculosis to practice in this city.

and train them, if necessary. Henderson, W. Ray Alexander. Ralph Buchanan, Dr. L. G. Cleverdon, Mrs. Olaf Otto, Joseph Mendel, Christopher Hammond, Jr., Miss Elizabeth Hogan and Mrs. J. Saxton Wolfe.

Tuberculosis Rate High for Children

*The Afro-American
Baltimore, Md.*
WASHINGTON — A 70-millimeter X-ray machine, Tuberculosis among children of the non-white population, which is mostly colored, has a death rate far above what it was for white groups more than 20 years ago, the Children's Bureau, U.S. Department of Labor, announced recently.

The department in making a study of tuberculosis mortality rates in the period between the two world wars, revealed that the death rate was cut 80% from 1920 to 1940 for whites, and 60% for non-whites. *Sat. 6-22-46*

A Social Problem
Dr. George Wolff, health statistician for the bureau, points out that tuberculosis is now largely a social problem, and emphasized the importance of raising the standards of living for the depressed groups of the population.

"Better housing and a good diet," he stated, "are the crux of control of tuberculosis. A nationwide public health program that would bring good health services to all groups of the population is needed."

Health Services Needed
Dr. Wolff emphasized the particular need for better health services for mothers, and children during pre-school years; examinations for all school children, with follow-up care provided when tuberculosis is indicated; And additional facilities for the care of their dependents. "The lack of hospitals and convalescent homes," Dr. Wolff said, "is serious as far as the colored population is concerned."

Savannah Negroes Lead T. B. Deaths

Dr. Cameron St. C. Guild, director of special programs, National Tuberculosis Association, yesterday told a committee of the board of directors of the Chatham-Savannah Tuberculosis Association that the majority of deaths from tuberculosis in Savannah are among negroes.

"Much progress has been made in the fight toward eradication of tuberculosis," he declared. "However our figures still show that 80 per cent of the deaths from tuberculosis in this community are among the negro group which represents one-third of the total population. Therefore, there is a need for an expanded program. "You will not control tuberculosis by fighting sham battles. You must face your problem where it is."

Those attending the meeting were, in addition to Mr. Guild, Bernard F.

Mass Checks Planned Here With New X-Ray Machine

Health, said will make possible the examination of 30,000 to 40,000 persons here next year, has been installed in Pine Camp Hospital and is now undergoing tests. The mass examinations, planned in an effort to combat tuberculosis, will be undertaken jointly by the Richmond Tuberculosis Association and the City Health Department.

The X-ray machine, which is valued at slightly more than \$10,000, was furnished by the State, Dr. Porterfield said. The health director said the State funds had been established for the control and treatment of tuberculosis, and were to be allocated accordingly to need.

"We needed the X-ray machine, so that State got it for us." Now, Dr. Porterfield continued, the city "has got to show some results with it."

Campaign Outlined
Extensive industrial and social tests will be run. Under present plans, the health director said, the two agencies "want to check all of Richmond's Negro population" among whom the incidence of tuberculosis is higher than among whites.

"We are going to work through the schools and through social and fraternal organizations," he continued. Industry-wide checks will be made, he said, as will examinations of all city employees and, ultimately "to all school teachers here." Food handlers probably will be checked also because "tuberculosis is more of a public hazard in such cases than syphilis."

Such examinations, Dr. Porterfield said, will not be once-in-a-lifetime affairs; on the contrary, he declared, the agencies hope to give the tests periodically.

The health director credited Miss Nora Spencer Hamner, executive director of the tuberculosis association, with being a "pioneer" in planning the mass examinations. Costs of operating the machine, he continued, probably will be almost negligible.

"The only things we'll have to pay for will be the films and the salaries of a technician and clerical help. On the other hand, most industries usually pay us 25 cents for each film, and we ought to be able to take in between \$8,000 and \$10,000 a year from that source."

Those attending the meeting were, in addition to Mr. Guild, Bernard F.

Hensing, Emanuel Lewis, Dr. C. A. Henderson, W. Ray Alexander. Ralph Buchanan, Dr. L. G. Cleverdon, Mrs. Olaf Otto, Joseph Mendel, Christopher Hammond, Jr., Miss Elizabeth Hogan and Mrs. J. Saxton Wolfe.

TB Remains Top

Killer of Youth

*The Afro-American
Baltimore, Md.*
WASHINGTON — (AFRO National Bureau) — Although death from tuberculosis has been cut by 80% among white children since 1920, it is still a high killer among colored youth, according to Dr. George Wolff, health statistician for the U.S. Children's Bureau.

The department last week released figures showing how the disease has been combatted between the two wars. For the white group, the death rate was cut 80% from 1920 to 1940, and for the non-white group, 60%.

National Health Problem
"The latter figure," says Dr. Wolff, "is creditable enough until it is weighed against the fact that despite the decline, the rates for one group of children are still many times higher than those for another."

In this great difference between the two groups we have a national health problem of great import," Dr. Wolff added.

Death Rate High
The disparity between the two population groups, the Children's Bureau points out, is most marked among the youth.

The death rate from tuberculosis in the 15- to 19-year-old non-white group is nine times as high as for the white. The rate in infancy and early childhood is four times that of the white.

For the 5- to 9-year-old non-white group, the rate is almost six times as high; and for the 10- to 14-year-old group, eight times. "The higher rates for the non-white group," Dr. Wolff added, "reflect the poor economic and social environment in which its members are forced to live."

He also pointed out that crowded housing, inadequate diet, lack of medical care and health services and facilities, unequal educational opportunities—all of which are the common lot of large sections of the population—show up in these health figures.

Negro Experts Elected To Board Of T. B. Group

*The Defender
Chicago, Ill.*
NEW YORK—Three Negro experts were elected to the board of directors of the National Tuberculosis Association at the recent

annual meeting in Buffalo. Two of the new board members, Dr. Charles S. Johnson, Fisk University professor of sociology, and A. W. Dent, president of Dillard University, are members of the association's Committee on Negro program. The third member of the board is Dr. Howard M. Payne of the Howard University medical school.

All three have achieved national recognition for their work in the fight on tuberculosis. Dr. Johnson is slated to become chairman of the Negro program committee this year. Dent is well known as a hospital administrator, while Dr. Payne has lectured at several of the post-graduate medical institutes sponsored by the association.

Virginia and TB

*Times Dispatch
Editor of the Times-Dispatch:*
It was with intense interest that I read a news article in the October 27 Times-Dispatch, which said in effect that though we could obtain Woodrow Wilson Hospital from the United States government gratis, we are about to reject the offer on the grounds that the State cannot afford to pay the staff and feed the patients were the hospital to become a TB sanatorium, as is proposed. I should greatly appreciate it if you would publish on the editorial page of the issue in which this letter appears statistics answering the following questions:

How many people in Virginia have TB? *Richmond, Va.*
How many of these need sanatorium or hospital care?

How many TB beds are there in Virginia? *Wed. 11-6-46*
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About how many undetected or unreported cases of TB are there in Virginia?

What is the annual expenditure on public health in Virginia as compared to the expenditure on roads?

What is the average salary paid to a registered nurse in State institutions? A certified tuberculosis nurse? A student? An aid? An orderly? (Is it any wonder that "the State's health program already is suffering for lack of trained personnel"?)

How much money is now in our (oh, so solvent) State treasury? (May I also propound the question whether it is more important to have money in the treasury, or to accommodate at least a reasonable fraction of the tuberculous—not to mention other—patients who need institutional care?)

GEORGE L. THURSTON, Culpeper.

[Editor's Note: The foregoing is commented on today, under the editorial caption "TB and Virginia's Facilities."]

TB and Virginia's Facilities

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The analysis of Woodrow Wilson Gen-questions on the point in today's Voice of the People. Some of these questions are as follows:

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How many people in Virginia have TB? *Rich*

'Bad Blood Wagon' in Glynn Halts as VD Campaign Closes

By JOE LAMBRIGHT

BRUNSWICK, Ga., Jan. 5.—The Health Department's mobile health unit, more widely known as the "Bad-Blood Wagon," which during the past eight years has scourged venereal disease from the back sections of Glynn, Camden and McIntosh counties, has subsided to the wonder drug, penicillin.

WORK FINISHED

On Jan. 1 the mobile clinic came to the end of the road, not because it failed in any way to accomplish its mission—but because its job has been finished, and there are no further needs of its service. The fight against syphilis which has been waged by the clinic on wheels has done wonders, but what syphilis there is left among the Negroes of the three counties will be fought with newer weapons, the 9-day penicillin course offered free for all at the Savannah treatment unit.

The clinic consists of an automobile and trailer, completely equipped with electric sterilizers, refrigerator, treatment table, a doctor's office, and the necessary equipment to administer treatment, and keep accurate records of treatment given.

It was conceived originally by Drs. R. A. Vonderlehr and C. O. Wenger, working at the time to

improve the health of five southern counties under the auspices of the Rosenwald Foundation. The clinic commenced its service in September 1937, under the direction of Public Health Dr. Lee E. Burney, now state commissioner of health for Indiana.

The providing of the clinic wheels and the technicians in it was in itself, however, not answer to the syphilis problem. Someone had to sell the idea to the Negroes, to make them syphilis-conscious and want to be treated. This job fell to Glynn County Health Commissioner E. Winchester.

WORLDWIDE ATTENTION

The job of salesmanship turned in by Dr. Winchester has drawn the attention of doctors and health experts from all parts of the world, and was the subject of a feature article by Walter Davenport in Collier's magazine. Circulars were distributed, the aid and support of colored preachers was enlisted, reprisals by the "po-leese" were threatened for non-co-operators, and even prizes, such as pigs, were offered for whoever had the worse case of "bad-blood."

Now Dr. Winchester can sit back and look at some mighty impressive statistics about the work of the "Bad-Blood Wagon." It averaged 100 Negro families employed as eraged covering better than 500 tenants on the Wilcox County miles a week for the total time in plantation of State Senator Bruce Henderson and his determination

days when the unit was laid up due to mechanical difficulties. In all, according to Dr. Winchester's calculations, it traveled about 200,000 miles—more than seven times around the world, and reached the most remote swamplands of the three coastal counties.

"And during this 8-year period," Dr. Winchester announced, "more than 12,000 blood tests were given to Negroes, at least 70 per cent of the total Negro population. In addition, it provided more than 10,000 Negroes with reasonable adequate anti-syphilitic treatment."

As for the results on the health of those treated, Dr. Winchester said, "it's hard to tell. The best yardstick is the Selective Service figures. When the program was begun the known rate of syphilis infection among the Negroes in the three counties was 40 per cent. The rate at present, according to Selective Service, has been lowered to about 19 per cent."

RATE REDUCED

But one of the most common results of syphilis, he said, is still the birth—and the still-birth rate in the three counties has been reduced by 75 per cent by the operation of the mobile health unit.

The discontinuance of the mobile health unit does not mean the end of the fight against syphilis in the three counties, Dr. Winchester warned. An intensive drive will continue, but instead of the slower treatment which required 18 months clinical service, the disease will be treated by the 9-day penicillin cure, which requires hospitalization of the patient, which the mobile unit could not provide.

Reader's Digest Tells Of State Health Drive
Alabama's compulsory statewide blood-testing program against syphilis is the subject of an article in the September issue of The Reader's Digest.

Titled "He Slew the Dragon With a Needle," the article was written by Beverly Smith and reprinted from The American Magazine. It describes the effects of syphilis upon the health and working efficiency of the 100 Negro families employed as eraged covering better than 500 tenants on the Wilcox County miles a week for the total time in plantation of State Senator Bruce Henderson and his determination

Ministers Set Example in V-D Testing



The city's historic V-D drive to blood-test "ALL," received practical as well as verbal endorsement from the pulpit when four city clergymen lined up with others one morning this week for V-D tests.

When interviewed by a Black Dispatch representative, the ministers gave high endorsement of the great health-saving experiment in order of their appearance in photo:

"This is a fine project for the upbuilding of our community's health."—Rev. H. Garnett Lee, Bethany Presbyterian church, on the extreme right.

"I think it is one of the greatest health programs for Oklahoma City that has ever been launched."—Rev. J. W. Johnson, pastor of St. John Baptist church, second from right.

"I consider the health program to be one of the most important programs in action for the protection of health, and is worthy of the unstinted support and cooperation of all people," said Rev. M. A. Curry of the First Baptist church, Idabel, Okla. "I heartily approve the battle against syphilis."

"Statistics show V-D to be as great a hazard as war itself. We must be conscious of this fact," said Rev. W. K. Jackson, assistant pastor of St. John Baptist church.—(Photo by Pendley).

The State Health Department reported yesterday that after five full years' operation of the Virginia law requiring premarital blood-testing of all Alabamians, there has been no decrease in incidence of the disease. The author tells about the operation of the law and describes its results in enthusiastic terms.

Law Fails To Reduce Syphilis Rate
Times-Dispatch Incidence Is High In Southeast Area

period we at least held our own. "It does show a need for a more concerted effort to strengthen our control work, particularly in Southeastern Virginia where the incidence always has been high."

Work to Be Expanded

"The department is reorganizing its venereal disease division and will expand its work during the remainder of this year."

During the period from Aug. 1, 1940, when the premarital test law became operative, until July 1, 1941 there were 36,716 persons examined in Virginia under provisions of the law, and 1,718 were found to be infected with syphilis, or 4.5 per cent.

In the last three months of 1945 and the first three months of 1946, premarital examinations were made of 45,833 individuals, of whom 2,079 were infected—again 4.5 per cent.

The comparison of the first year of the premarital examinations with the 1945-46 six-month period showed a slight drop in incidence of the disease among white persons—from 0.9 to 0.8 per cent—but a rise from 15 to 17.1 per cent among Negroes. However, Dr. Holmes said the increase among Negroes that occurred to any "alarming" extent was in the Southeastern Virginia area, where a long-range control study began operating this year.

Analysis of the statistics showed Suffolk, Petersburg, Norfolk, Portsmouth and Newport News the five highest cities in the combined white and Negro rate, while Northampton, Goochland, Nansemond, Mathews and Norfolk had the highest incidence among the counties.

No Infections Reported

The 1945-46 premarital tests showed no infections for the city of Bristol or the counties of Dickenson, Montgomery, Russell, Patrick, Floyd, Bland, Spotsylvania, Greene, Craig and Charles City. The cities of Staunton, Winchester, Radford and Alexandria ranked behind Bristol in the first five with low rates.

Dr. Holmes pointed out that recent advances in rapid treatment of syphilis with penicillin offered possibilities of making sharp inroads on the disease under accelerated control measures and might be reflected in later studies of its prevalence.

Under the premarital law, applicants seeking licenses to marry must, within 30 days prior to the marriage day, have a serological test by a licensed physician. If an applicant is infected and marries, he must agree to take treatment as long as the State Health Commissioner deems treatment necessary and violation of the requirement makes the applicant guilty of a misdemeanor.

When a physician finds a positive report from a test, he is required to take a thorough medical history, perform a physical examination and take another test to

first 11 counties covered in the state's compulsory blood-test program. "The positive test rate for white persons," he said, "was 3.3 per cent, or 33 positive cases per 1,000 tested. For Negroes the rate was 27.4 per cent or 274 per 1,000 tested."

Venereal Rate Among Negroes 21.4 Per Cent
The analysis of the statistics showed that the venereal disease infection was 21.4 per cent among Negroes, a great improvement over the 27.4 per cent reported in 1940. The rates in the lowest cities, Dr. B. F. Austin declared yesterday, were 1.3 per day on basis of tests made in the 12.9 per cent or 129 positive cases

City/County	White	Negro	Combined
Suffolk	15.5	10.7	10.7
Petersburg	10.7	10.7	10.7
Norfolk	10.3	10.3	10.3
Portsmouth	9.4	9.4	9.4
Newport News	21.8	18.0	18.0
Northampton	17.7	16.7	16.7
Goochland	14.7	14.7	14.7
Nansemond	14.7	14.7	14.7
Mathews	14.7	14.7	14.7
Norfolk County	14.7	14.7	14.7

The rates reported for the five highest cities and counties in the Nansemond area, to April, 1946, period, are as follows:

Marriage Permitted
If the parties decide to proceed with their marriage, they are issued a certificate, identical with those issued noninfected applicants, which permits them to ob-

per 1,000 persons examined.

Counties in which the tests were recently tabulated are Sumter, Lee, Macon, Russell, Houston, Dale, Jefferson, Morgan, Calhoun and Cleburne. Blood samples have been taken in three other counties, Lee, Talladega and Clay, but laboratory examinations and tabulation of results have not been completed, he said.

POWELL IN BLOOD TEST

Times Herald-Examiner
Member of Congress Heads Line
at His Harlem Church

21-22 June 1944
Representative Adam Clayton Powell, who is also pastor of the Abyssinian Baptist Church, 132 West 138th Street, was first in line at the church yesterday to lead 128 Harlem residents in submitting to voluntary blood tests by the Health Department. The tests will be continued today.

Health Commissioner Israel Weinstein, who drew the blood from Mr. Powell's arm, said:

"Congressman Powell and his congregation are to be congratulated on their progressive attitude toward public health. I hope that groups of people throughout the city will follow their fine example by requesting blood test surveys. If everyone would have a blood test for syphilis we would go a long way toward eradicating this serious communicable disease."